

Kansas 90-Hour Certified Nurse Aide Sponsor and Instructor Manual

**Health Occupations Credentialing
Bureau of Child Care and Health Facilities
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May 2008

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*Document/Form is available on the HOC web site, www.kdheks.gov/hoc.

Dear Sponsor and Instructor of the Certified Nurse Aide Training Course,

Health Occupations Credentialing (HOC), Kansas Department of Health and Environment (department) **thank you, on behalf of the elders of the state of Kansas and their families, for being part of the training of competent, qualified nurse aides. Yours is a very important job, and this manual has been designed to help you be successful.** It is essential that training courses offer the highest quality instruction possible, as well as meeting federal and state regulations ensuring the safety of a very important population of the citizens of Kansas.

In Part I of this manual, you will find instruction on each aspect of the preparation and delivery of your course. Part II contains the forms you will need to send in or be aware of and any other documents we believe would be helpful to you. Required forms may be copied from the manual, or downloaded from our website at www.kdheks.gov/hoc. The Kansas Rules and Regulations for Certified Nurse Aides may also be downloaded from the website.

Here are a few housekeeping items for course sponsors and instructors to double check as you plan your courses.

1. Familiarize yourself with the **curriculum guidelines** for the course you will be sponsoring, coordinating or teaching. The class does not have to be taught directly from the guidelines, but they are the official guidelines based on the federal and state regulations. Any textbook you use must be used as a supplement to the curriculum, and the state test is based on it. Having a copy at hand and being familiar with it will help you ensure that regulations and objectives are being met and that *your students will be successful.*
2. Familiarize yourself with the **sponsor/ instructor's manual**. It is your personal tool for success. Everything you need to do, including the things on this list, is noted and explained in the manual. It tells you everything from how to get approval to how many students you may have in clinicals at one time. The manual contains a copy of the regulations, application forms, rosters and test information, and tells how to obtain materials. *It has been written for you, to help you be successful.*
3. Be sure you have all of the **approvals** you need by submitting your course or instructor approvals in a timely manner, usually three weeks prior to the expected start date of the course.
4. Make sure your **paperwork** is thorough and in order throughout the process. This includes applications, syllabus, and course schedule and content form.
5. Keep the following number and email address handy:
Dolores Staab, dstaab@kdheks.gov
785-296-6796

Any time you have a change in a course, including class hours, beginning or end dates, content, instructors or coordinators, or classroom or clinical sites, you must contact Dolores for prior approval. **Any time you have a question** that is not

addressed in the curriculum guidelines or the instructor's manual, call us.

Following these five steps will save you and your students a great deal of frustration. Ultimately, it will help ensure that the population we serve is receiving the best possible health care. **Remember, course sponsors and course instructors carry a joint responsibility in fulfilling training requirements under state regulations.**

For further clarification, or to provide a framework for your course preparations, see the "Administrative Checklist for a Successful Course" on the following pages.

It is our goal to ensure the health and safety of our state's elders by ensuring the highest quality training possible. To that end, we look forward to working with you as you participate in the training of Kansas Certified Nurse Aides.

Sincerely,

HOC

Administrative Checklist for a Successful Course

Further details about each of these listings are provided throughout the Sponsor/Instructor Manual so that you can be certain you are meeting regulations and can be free to concentrate on teaching or sponsoring an incredible CNA course!

Guidelines and Manual

- _____ Obtain required Curriculum Guidelines and Sponsor/Instructor Manual. Thoroughly study the manual for details and forms involved in sponsoring or teaching a CNA course. Become familiar with the Kansas Rules and Regulations for Certified Nurse Aides, available for download at www.kdheks.gov/hoc.

At least 3 weeks before the date you wish to begin the course:

- _____ Submit completed Application for Approval of Training Course.
 - ☐ a) Note any textbooks or other supplemental resources that will be used in addition to the required Curriculum Guidelines.
 - ☐ b) When the course approval is received, the instructor should keep one copy and a copy should be given to the facility. The approval number must be used on all correspondence with Health Occupations Credentialing.
 - ☐ c) When submitting the Application for Approval form, if using an assisted living facility or residential care facility as the clinical site, include written assurance from the sponsor that all portions of the task checklist will be available to be experienced during the clinical part of the course, including what measures will be taken to assure competencies will be met in the manner stated in the Sponsor/Instructor Manual.
- _____ If the instructor has not been previously approved, submit the Instructor Application form along with the Application for Course Approval, or separately.
- _____ If the instructor is applying for consideration of geriatric, long-term care experience which is not specifically in an adult care home, submit the Alternative Practice Setting Experience for CNA Instructor Applicants along with the instructor application.

For a waived course, at least 4 weeks before the date you wish to begin:

- _____ If applying for a waiver, submit the Application for Approval of Training Course and Waiver Request form.

As you plan your course:

- _____ Complete the Class Schedule and Content Form. Do not send it in. Be prepared to present it to the department upon request.

At the beginning of the course, send the following to Health Occupations Credentialing:

- _____ A signed and completed **Class Roster**.
- _____ Signed and completed **Applications for the State Test**. (Help the student with this form to assure accuracy. Discuss the information on page two of the form with them.)
- _____ Copies of the student's identification, with current name and social security number.
- _____ \$20.00 non-refundable application fee for each student.
- _____ Special accommodation requests.

Throughout the course:

- _____ Notify HOC, **in writing**, of **any** change in class hours, dates, content, instructors, classroom or clinical site, prior to making the change, for HOC approval.

After Part I and the Task Checklist are completed:

- _____ Give the successful student the original, signed checklist and retain a copy for your records.
- _____ Present each student who has successfully completed Part I and the Checklist with a certificate of completion of nutrition assistant training so that they may seek employment as paid nutrition assistants if they choose.

When Part II is completed:

- _____ The instructor may evaluate the students using the Kansas Nurse Aide Part II NATCEP Checklist. Completion is at the discretion of the instructor. It is **not** required.

At the end of the course, submit to HOC:

- _____ Written notification of any student who did not complete the course.

At the end of the course, submit to each test site (not HOC):

- _____ A signed and completed class **roster** of students who have successfully completed the course and are eligible to take the state test.
- _____ Special accommodation requests for eligible candidates.

After receiving letters of approval for testing:

_____ Copy and distribute letters of approval to the students. Be sure the students know what they need to take to the test site.

Ongoing:

Be sure and notify HOC whenever you have a change in your mailing address, business or home telephone number, or name, so the department can keep your information updated. Remind the CNA candidates to do so, also.

Helpful contact information:

Betty Domer: rosters, test information, certification issues

Phone: 785-296-1250

E-mail: bdomer@kdheks.gov

Dolores Staab: course information, course changes, instructor changes, waiver information

Phone: 785-296-6796

E:mail: dstaab@kdheks.gov

HISTORY AND BACKGROUND

See Administrative Checklist for a Successful Course for a chronological list of necessary steps which are further explained in the next several pages.

Nurse aide training in Kansas

Beginning in 1977, evidence of successful completion of training (90 clock hours) and a written/oral standardized test have been required of all nurse aides working in Kansas adult care homes.

When was a state test developed?

In September 1977, vocational-technical schools and community colleges that were approved to offer nurse aide training incorporated the required standardized state test. Individuals who trained from September 1977 to October 1978 were issued adult education certificates in the area of nurse aide training from the educational facilities.

When did KDHE begin issuing certificates?

Effective October 1, 1978, the required state test was given separately from the course and the Kansas Department of Health and Environment began issuing certificates.

OBRA

In 1988, Congress passed the Omnibus Budget Reconciliation Act (OBRA) which set standards for state nurse aide training and competency evaluation programs. The purpose of these provisions is to ensure that nurse aides have the education, practical knowledge, and skills to care for residents of adult care facilities.

The Kansas Department of Health and Environment is responsible for implementing and monitoring compliance with the state and federal training and competency requirements.

The training regulations for nurse aides were extensively revised February 28, 1994. Previous nurse aide training regulations K.A.R. 28-39-79 through K.A.R. 28-39-80 were revoked and replaced by K.A.R. 28-39-164 through 28-39-168. K.A.R. 28-39-164 through 28-39-168 were revised December 29, 2003 (copy available at www.kdheks.gov/hoc).

KANSAS 90-HOUR CERTIFIED NURSE AIDE SPONSOR AND INSTRUCTOR MANUAL

INTRODUCTION

Application for Approval of Training Course

Federal regulations hold each state responsible for ensuring both state and federal course content requirements are met, that the course being offered meets the instructor's or sponsor's written description, and that training facilities exist for the supervised clinical practice of skills. OBRA requires that the course be reviewed and approved by the state and that the course comply with state and federal requirements. State

It is very important that the **Application for Approval of Training Course** forms arrive in the state office three weeks prior to the start date to avoid delays.

regulations specify that any approved instructor who intends to offer a nurse aide course must submit a completed **Application for Approval of Training Course** (Appendices, page 37) to the department three weeks prior to the beginning date of each course and must receive approval prior to the start date.

COURSE REQUIREMENTS

Who may sponsor a nurse aide training course?

Courses may be sponsored by:

- Postsecondary schools under the jurisdiction of the State Board of Regents
- Adult care homes
- Hospital long-term care units

Who may be a CNA course instructor?

The requirements for CNA instructors are the following:

- Registered Nurse with current Kansas licensure
- Minimum of 2 years licensed experience (RN or LPN)
- 1 year (1,750 hours) experience in long-term care
- Has completed a course in teaching adults or has experience in teaching adults or supervising nurse aides

Work experience in a combination of an adult care home/hospital long-term care unit (K.A.R. 28-39-166(a)(2) or in a state institution for the mentally retarded will suffice in meeting the long-term care

requirement. Work experience obtained in a hospital long-term care unit that is not licensed under the Kansas Department of Health and Environment may be considered, provided that the experience is in a geriatric long-term care unit. Consideration may be given to experience in a (state licensed) setting which demonstrates long-term geriatric nursing care.

Instructor Application and Instructor Employment Verification Forms

The **Instructor Application Form** is found on page 31 of this manual, and can also be downloaded from HOC's website at www.kdheks.gov/hoc. **This form must also be received by HOC at least three weeks prior to offering the course.** The **Employment Verification Forms** (page 34) will need to be received **before the application can be processed.** The **Instructor Application** may be submitted separately, or at the same time as the **Application for Approval of Training Course.** Once an instructor has been approved, the instructor application does not need to be submitted for subsequent courses.

When the instructor application is approved, the original should be retained by the instructor, and a copy given to each facility which sponsors training conducted by the instructor to show compliance with state and federal laws.

Alternative Practice Setting Experience for CNA Instructor Applicants Form

If an instructor is requesting consideration of geriatric, long-term care experience which is not specifically in an adult care home, or of alternative experiences, the **Alternative Practice Setting Experience for CNA Instructor Applicants Form**, (Appendices page 35) may be submitted along with the Instructor Application. The course approval application will be reviewed after the instructor application is approved.

Adult education websites

Regulations stipulate that instructors have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides. If you would like to do additional on-line reading in Adult Education, search "Adult Learner" and other keywords. One site you might find helpful is the following:

- Hutchinson Community College, Train the Trainer: Access the website at www.hutchcc.edu. Select the "faculty/staff" drop-down box and click on "CNA Instructor Training," or call the school for information.

Clinical sites must be:

- Licensed adult care homes
- Distinct licensed long-term care units of hospitals
- Simulated laboratories

Clinical training in assisted living or residential health care facilities

The clinical portion of a nurse aide course is usually held in a nursing facility or a distinct licensed long-term care unit of a hospital. The clinical portion of a nurse aide course may be held in an assisted living or residential health care facility if the full range of clinical tasks and experiences necessary for training are available at the assisted living facility or residential health care facility, or provided in cooperation with a nursing facility.

When submitting an **Application for Approval of Training Course** which shows an assisted living facility or residential care facility as the clinical site, there must be written assurance from the sponsor that **all** portions of the task checklists will be available to be experienced during the clinical portion of the course.

There must be **written assurance** from the sponsor that **all** portions of the task checklists will be available to be experienced during the clinical portion of the course.

Withdrawal of training approval

Federal regulation 42 C.F.R. 483.151(b)(2)(i-v) requires the department to withdraw nurse aide training approval if an adult care home:

- is subject to an extended or partial extended survey
- receives a civil money penalty in excess of \$5,000
- receives a denial of payment
- has operated under a waiver under section 1819(b)(4)(C)(ii)(II) of the Social Security Act
- has operated under a waiver under section 1919(b)(4)(C)(ii) that was granted on the basis that the facility is unable to provide nursing care in excess of 48 hours per week
- does not meet the training and competency evaluation program requirements
- refuses to permit unannounced visits by the state to review the program

Training at facilities with bans on training, and Request for Waiver form

Facilities that have had a ban on nurse aide training may request a waiver to the ban on a case-by-case basis. If approved, a program may be offered in the

facility by another entity approved by the state. Several criteria must be met to be approved for a waiver, some of which are listed below:

- No other approved courses are offered within a reasonable distance
- A sponsor that will be approved must be identified
- A joint quality improvement process must be outlined and agreed to by both the sponsor and facility to address concerns that occur during the course
- The facility must be back in compliance
- Sponsor, instructor and facility must complete evaluation forms at the conclusion of the course.

The application for a waiver must be submitted, along with the course application, to the department **at least four weeks prior to the beginning date of the course** and must be approved prior to offering the course.

The **Request for Waiver form** is in the Appendices, page 57, as are **instructions (page 51) to assist in filling out the request.**

For more information on waivers, call 785-296-6796.

NOTE: The ban on nurse aide training and competency evaluation program does **not** include a ban on administering task checklists for **employment verifications** or offering **CNA refresher courses** or **CMA update courses**, or serving as a **clinical site for CMA courses**.

Can employment contracts be used?

The use of contracts relating training to employment is prohibited under federal regulations. An adult care home cannot require a Trainee II or CNA to enter into either verbal or written contracts to work for a specified period of time at the facility or else reimburse the facility for the cost of the training. Schools may require students to enter into verbal or written contracts stating terms of payment. However, a contract must not state that the student will be denied access to the state test

An adult care home **cannot** require a Trainee II or CNA to enter into either verbal or written contracts stating they will work for a specified period of time at the facility or else reimburse the facility for the cost of training.

due to a fee owed to the school.

COURSE DELIVERY

Who is responsible

Course sponsors and course instructors carry a **joint** responsibility in fulfilling training requirements under state and federal regulations.

Each approved instructor for a nurse aide training program is the primary person responsible for conducting training and assuring competency of trainees. Failure to fulfill any of these responsibilities could result in withdrawing approval as the course sponsor, course coordinator, and/or the approved course instructor.

Thoroughly studying this manual and the 90-Hour Curriculum Guidelines, and following the suggestions listed in The Administrative Checklist for a Successful Course will help ensure that your course meets regulations and equips competent nurse aides.

Number of instructors

There are instances where the course responsibilities are shared between two or more instructors, regardless of the number of students. This practice is acceptable, provided that the reason for having more than one instructor is, upon request, identified by the sponsor, as well as how the responsibilities will be coordinated. **One instructor must be designated as "lead" instructor to fulfill overall teaching responsibilities. Additional instructors must be approved by the department, and the course application must reflect the additional instructors.**

Each instructor may supervise only **10 students** at a time during clinicals.

NOTE: Each instructor may supervise only 10 students at a time during clinicals.

Supplemental instructors

Qualified ancillary health professionals may be selected by the approved instructor to assist in conducting training for nurse aides. For example, a licensed physical therapist may assist the instructor by conducting a portion of the module of training in safe ambulation or rehabilitation techniques. Any person providing training does so under the direct supervision of the approved course instructor and must have at least one year of experience in the field in which they are providing training.

The instructor should be present and easily accessible to trainees at all times during instruction.

NOTE: Use of qualified ancillary health professionals is for enhancement of the course instruction and is not to be substituted for the primary responsibilities of the approved course instructor.

What information is covered in the 90-hour CNA course?

The Kansas 90-hour nurse aide curriculum focuses on the geriatric population in an adult long-term care, versus acute medical care, setting. The learning objectives found within the curriculum serve as the basis for the state-developed standardized test.

Curriculum guidelines and supporting textbooks

The Kansas 90-hour Certified Nurse Aide Curriculum Guidelines follow the content provided in federal regulations and must be used to develop nurse aide courses. The subject content provides basic nursing skills information and provides opportunity for an instructor to modify the training program as necessary in response to perceived trainee learning needs. There is no additional required resource for the nurse aide training program; however, any text(s) used for the course should have a revision date within the past five years to reflect current acceptable practices and must be noted on the course application.

Any text used for the nurse aide course should be used as an **additional resource** to the curriculum guidelines. **Questions for the state test are based on the Kansas 90-hour curriculum guidelines.**

How to obtain the curriculum

The Kansas 90-hour nurse aide curriculum guidelines can be obtained by downloading them from www.kdheks.gov/hoc, and may be printed and distributed as needed.

Course approval process

In order to have a course approved by Health Occupations Credentialing:

1. The sponsor or instructor completes the **Application for Approval of Training Course** (Appendices page 37) and submits it to HOC.
2. HOC reviews the application and approves, disapproves or returns the application requesting additional information.
3. If the course is approved, a course approval number is assigned. An approval notice is sent to the sponsor with the course approval number.
4. If the course is disapproved, the application is returned to the sponsor.

Careful and timely submission of the **Application for Approval of Training Course** helps reduce delays in processing.

An application must be submitted to the department **at least three weeks** prior to the beginning date of each course and must receive approval prior to offering the course. As a matter of quality assurance and fairness, those course applications not meeting this time frame will be returned for new (later) start dates.

Class Schedule and Content Form

HOC regularly receives questions about the Class Schedule and Content Form (Appendices, page 43)

This form, while requiring time to fill out properly, is invaluable to HOC staff. It is used to help track and correct any problems that might come up with the course, and to make site visits more efficient for both HOC and the instructor. Therefore, the Class Schedule and Content Form must be completed and must be presented to the department upon request. If you have any questions about how to fill out the form, please feel free to call 785-296-6796.

Taking time to plan your class schedule and content will help insure a successful course.

Why is a course approval number Important?

A copy of the application with the course approval number should be retained by the instructor and a copy given to the facility in which the clinical portion of the course is conducted to show compliance with OBRA. This course approval number should be referenced on all correspondence with the department regarding a particular class. **It is a vital link in the record keeping system of the nurse aide registry required by OBRA.**

Include your course approval number on **all** correspondence with the department.

Didactic/classroom and clinical instruction

The curriculum is divided into two parts. Part I is a combination of 20 hours didactic or classroom and 20 hours supervised laboratory and clinical instruction. Part II is advanced training and should include a minimum of 25 hours didactic/classroom instruction combined with 25 hours supervised clinical instruction in the adult care home environment.

NOTE: Any change in class hours, dates, content, instructors, classroom or clinical sites must be prior approved by the department. **There can never be too much communication between sponsors and instructors, and Health Occupations Credentialing in the effort to**

Fax or email Dolores Staab **anytime there is a change** in class hours, dates, content, instructors, classroom or clinical sites **before** the change is made.

Fax:

785-296-3075

Email:

dstaab@kdheks.gov

ensure quality training that meets federal and state regulations and produces competent, certified nurse aides.

Class environment

The classroom studies should be provided in a classroom environment with appropriate equipment (chalkboards, audio-visual supplies, overhead projector, etc.) for the instruction of the trainee. In licensed adult care homes where state-approved training courses are scheduled, there must be a separate, designated closed area for the classroom instruction.

Laboratory settings

Clinical laboratories for trainee practice and performance include the use of a vacant resident room or simulated laboratory setting. (See definition of simulated laboratory setting in regulations at www.kdheks.gov/hoc) Such settings afford the trainee opportunity to observe instructor demonstrations and give return demonstrations of the specific skills studied in the didactic/classroom setting. The laboratory setting allows the instructor to observe and measure trainee performance prior to assigning clinical duties. OBRA requires that training space and equipment be provided for the delivery of the program.

General delivery of the training course

The approved instructor is responsible for ensuring that the delivery of the didactic/classroom and clinical training is appropriate. If the approved course instructor is a full-time staff member or Director of Nursing (DON) in the adult care home where the course is taught, a designated licensed nurse should assume the regular staff duties of the approved instructor during the times of didactic/classroom and clinical instruction. **There can be no delegation of the instructor's duties.** The DON must not teach while performing duties as DON. The approved instructor must be on site and easily accessible to the trainees at all times during scheduled course instruction hours.

The DON must not perform normal duties while teaching.
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Throughout the training course, there should be a combination of didactic/classroom theory and a practice of the tasks and skills learned in the supervised laboratory and clinical setting. The didactic/classroom topic for the morning, for example, may be how to measure vital signs. The instructor may present didactic/classroom instruction in temperature/pulse/res-

piration (TPR) and blood pressure monitoring and allow for trainee practice and demonstration in the lab setting on the same day. This ensures competency of the skills by the trainee before being placed in a direct clinical site. **Online courses differ in delivery from traditional courses and must ensure adequate practice of skills by the trainee.**

The more supervised practice the instructor can provide, the more competence and confidence the trainee will achieve in the training program.

What is taught in Part I?

Part I subject content includes: an introduction to residents of an adult care home and their needs, role and responsibilities of the CNA, meeting resident needs in the areas of communication, infection prevention and control, mobility, the resident's personal living space, safety, personal care and grooming, nutrition and fluids, elimination, and measuring and recording vital signs.

Each trainee in Part I of the course must wear a badge displaying the trainee's name and title (Trainee Level I).

The purpose of Part I of the course is to provide trainees with experience in performing basic nursing skills. During Part I, **the provision of direct care to residents by a nurse aide trainee is strictly limited to supervised clinical experiences for teaching and learning basic nursing skills**, and the approved nurse aide instructor must be in the resident's room at the side of the Trainee I to provide individual one-on-one clinical instruction. Use of this type of clinical instruction should **NOT** be done on a routine basis. This type of supervised clinical instruction would be appropriate for observing a specialized treatment or procedure. The majority of supervised clinical experience for a Trainee I takes place in a simulated laboratory setting.

Paid Nutrition Assistant instruction

Part I of The Kansas 90-Hour Nurse Aide Curriculum Guidelines also includes the instruction and competency evaluation required to be employed as a Paid Nutrition Assistant.

Trainee I employment restrictions

A Nurse Aide Trainee I may not be employed by a facility in direct care capacity. Direct, individual care refers to nursing activities that are resident oriented,

involve personal contact with the resident by the trainee, and provide assistance in activities of daily living. These nursing activities may include, but are not limited to, assistance in grooming, feeding, toileting, or ambulating the resident.

Demonstration of initial competency: Task Checklist

Upon completion of Part I of the nurse aide training program, the instructor evaluates each trainee's performance using the **Kansas Nurse Aide Part I NATCEP Task Checklist** (Appendices, page 47). The task checklist is used to evaluate **initial competency in performing basic nursing tasks**. When all tasks have been successfully demonstrated to the approved instructor, the Kansas Nurse Aide Part I NATCEP Task Checklist sheet must be completed and issued to the student, as outlined in K.A.R. 28-39-166(b)(1)(G). **The signed and dated task checklist is the property of the trainee and must be given to the trainee upon its successful completion unless the student is repeating the course.** The instructor should retain a copy for his/her personal records. (Students who are repeating the course are not allowed to work as Trainee IIs, so are not given a copy of the checklist.)

The Nurse Aide Trainee I must satisfactorily **demonstrate** all tasks to the approved instructor **prior** to providing direct resident care. Instructors must observe completion of each task in a satisfactory manner. Once Part I and the task checklist are completed, the student is classified as a Nurse Aide Trainee II.

The signed and dated task checklist is the property of the trainee and must be given to the trainee upon its successful completion, unless he or she is repeating the course.

Paid Nutrition Assistant Certificate

Upon successful completion of Part I and the NATCEP Task Checklist, the training institution shall award each student a **certificate of completion of paid nutrition assistant (PNA) training**. The certificate shall include, at minimum:

1. the name of the training institution
2. the name of the student
3. the name of the course
4. the name of the instructor
5. the date of completion
6. the number of hours of instruction

The sponsor will inform the participants that the certificate is permanent evidence of completion of PNA training and should be retained. The sponsor will also maintain a record of each certificate.

Those students who successfully complete Part I and the Task Checklist may seek employment as PNAs if they choose, *whether or not they complete the rest of the course.*

What is taught in Part II?

Part II subject contents include: the resident's care plan; observing, reporting and documenting; physical changes accompanying aging, sexuality in aging; meeting resident needs for comfort and rest, end-of-life care, restoring nutrition and elimination, maintaining and restoring mobility, demential and problem behaviors; additional resident care procedures; admission, transfer and discharge, first aid in the adult care home, and working as a CNA.

Part II is a combination of didactic/classroom and supervised clinical instruction within the adult care home environment in more advanced nursing skills. Clinical instruction during Part II of the course requires performance of direct care tasks within the adult care home environment.

Trainees are designated as a Nurse Aide Trainee II. They are eligible to provide direct, individual care to residents in an adult care home under the direction of a licensed nurse, and to work as a paid nutrition assistant if they choose. **Each trainee who has completed Part I of the training program and the task checklist shall wear a badge designating the trainee's name and title (Trainee Level II) while in an adult care home setting.**

Trainee IIs must wear a badge while in an adult care home setting.

During didactic/classroom and clinical training time **within** a facility, the approved instructor of the course is the only licensed nurse with supervisory responsibilities over the student trainees. Direct

Instructors are to be readily accessible for one-on-one consultation, instruction and assistance as needed, and to perform no other duties but the supervision of the trainees.

supervision is required. Instructors are to be immediately accessible at all times.

Trainee II employment restriction

Trainee IIs are eligible to provide direct individual care to residents under the supervision of a licensed nurse of an adult care home, or to work as Paid Nutrition Assistants. Trainee IIs should not be expected to perform nursing tasks that have not yet been adequately covered during the didactic/classroom training hours and should be instructed to respectfully decline to provide the service if requested.

How long is the Trainee II period?

Trainee II status for employment purposes begins upon the successful completion of the Part I task checklist and is for **four months** from the beginning date of the course. A copy of the signed and dated task checklist must be in the Trainee II's personnel file. If the Trainee II is unable to fully meet the certification requirements within four months from the beginning date of the course, the individual is no longer eligible to provide direct resident care services. **A second four month trainee period is not allowed.**

Demonstration of competency

Upon completion of Part II of the nurse aide training program, the instructor **may** evaluate competency in performing the tasks listed on the Kansas Nurse Aide Part II NATCEP Checklist. A copy is provided in the Appendices, page 49. Completion is at the discretion of the instructor. It is **not** required.

CERTIFIED NURSE AIDE TEST

Test content and time allowed

The state test is timed and contains 100 multiple-choice questions. Each trainee has two hours in which to complete the test. A score of 75 percent or greater constitutes a passing score.

Sample questions

The instructor may use **Sample Nurse Aide Test Questions** found in the Appendices, page 77. Copies of the computerized answer sheet are mailed with the sponsor/instructor manual.

Giving the trainees opportunity to practice using the answer sheet may ease their fears.

Test sites

A list of the **Test Sites for Nurse Aides and Home Health Aides** can be found in Appendices, page 79. Contact information for each test site is included. Call (785) 296-1250 if you have questions.

To schedule students for the test:

At the beginning of the course, the instructor must submit to HOC:

- **Signed and completed Class Roster Form(s)** (See Appendices, page 81.)
- **Copies of students' identification** with current name and social security number
- \$20.00 non-refundable fee for each student
- **Special accommodation requests** for eligible candidates (Appendices, page 85)

If an **Application for State Test** is completed by a candidate and returned to the instructor without all necessary information (i.e. no copy of identification with social security number or no fee), the instructor will submit the application with the Class Roster Form. HOC will return a letter to the candidate requesting the missing information to be supplied.

The instructor should assist the candidates in filling out the **Applications for State Test**, assuring the accuracy of information, and discuss the information directed to candidates on page 2 of the form with the students.

It is the responsibility of the course instructor to assure that all candidates listed on the Class Roster Form(s) have met all the requirements for the training course. Therefore, the Class Roster Form(s) must be signed by the course instructor, not other agency personnel.

All rosters must be signed.

At the End of the Course, the instructor must submit to the test site(s):

- **Signed and completed Class Roster Form(s)** (Copy in Appendices, page 81). Only individuals who have successfully completed the course are listed on the roster provided to the test site. See note, below, for instructions

Separate rosters must be submitted for each test site.

concerning students who did not complete the course. If more than one test site is involved, separate rosters must be sent to each test site.

Special accommodation requests of eligible candidates

- **Test site fee** The instructor will need to check with the individual test sites to determine the amount of the fee.

At the end of the course, the names of successful candidates are sent to the test sites, and the names of students who did not complete the course are sent to HOC.

The test site will send Approval to Test letters to the instructor.

Notification that a candidate did not complete the course

If a candidate does not finish or pass the course, the instructor must submit written notification to Betty Domer to remove the candidate's name from the Class Roster Form. Written notification should be sent as soon as the candidate drops or fails the course, and must include:

- **student's name**
- **student's social security number**
- **course approval number**
- **reason for removing the student's name from the roster.**
- **whether or not the student successfully completed Part I and received the checklist and Paid Nutrition Assistant certificate.**

Notification can be submitted by mail, fax or electronic mail:

Mail to: Betty Domer
1000 SW Jackson, Suite 200
Curtis State Office Building
Topeka, KS 66612-1365
Fax: 785-296-3075
Email:
bdomer@kdheks.gov

What will candidates need to provide at the test site?

Candidates must provide the following at the test site when they go to test:

- Original photo ID and test fee (if not previously paid)
- Approval to test letter

Disabilities

Any candidate who has a:

- physical disability
- learning disability
- psychological disability

which may require a reasonable accommodation to take the state test should complete and submit to the test site the **Accommodation Request Form (copy in Appendices, page 85)**. The candidate must have performed in a satisfactory manner in both the didactic/classroom/theory and lab/clinical settings of the course, and successfully completed the Skills Competency Checklist.

Americans with Disabilities Act provisions

The Americans with Disabilities Act (ADA) allows an agency permission to request documented evidence of a disability. Thus, the form asks the instructor to verify a disability. If the instructor does not feel competent in verifying a disability, a health care professional may do so.

What types of accommodations are available?

- Oral test - test read to candidate by the proctor
- Extended time to take the test
- Large print of test text
- Sign-language interpreter
- Audio recordings
- Telecommunications devices for individuals with hearing impairments

Language provisions

The state test is read in only the English language. **NOTE:** Any candidate for whom English is a second language may use a bilingual language dictionary during the state test. **Computer dictionaries and medical dictionaries are prohibited.**

Instructors of ESL students may wish to compile a vocabulary list from the curriculum guidelines as a supplemental study tool for their students to use as they prepare for the test.

Test requirements

For candidates successfully completing the 90-hour nurse aide course, the state test must be **passed** within one year from the beginning date of the nurse aide training course. Candidates may take the test a maximum of three times within that year. If the test is not passed within one year from the starting date of the

course, the entire course must be retaken to be eligible to take the test again.

Students successfully completing a bridge course have one opportunity to pass the test. If the test is not passed on the first attempt, the student must successfully complete the 90-hour nurse aide course to qualify to take the test again. For information about the bridge courses, contact Dolores Staab at 785-296-6796.

What happens if the candidate misses the test?

A candidate who is not able to take the test on the date assigned must contact HOC to request a rescheduling form to submit along with a \$20.00 application fee.

What happens when the candidate passes the test?

- Candidates who pass the test will be mailed a certificate.
- A list is sent to each instructor that includes each candidate who tested, and the test score.

On average it takes three to four weeks from the time the test has been taken until the department receives and enters test scores. Certificates are then mailed to those who pass the test. Individuals should allow 30 days to lapse from the date the test was taken before calling the department to check the status of the certificate.

After 30 days,
certificate status
calls may be
directed to 785-
296-1250.

What happens if the candidate fails the test?

Candidates who fail the test will receive:

- a letter that includes the score
 - information on their performance in the categories to help them prepare to retake the test
 - a Rescheduling Form, if the candidate is eligible.
- The rescheduling form should be completed by the candidate and sent to HOC with the non-refundable \$20.00 application fee.

KANSAS NURSE AIDE REGISTRY (KNAR)

The KNAR is a federally mandated program that tracks employment and training for aides in Kansas. A unique aide identification number is issued to each candidate who has successfully completed the state nurse aide course and passed the test.

**Abuse, Neglect, and
Exploitation and Criminal**

KNAR information must include any record of a state administrative hearing process confirming abuse or

Record Checks

neglect of an individual or resident or misappropriation of resident property. Each adult care home must contact the registry prior to hiring a nurse aide. **The facility may NOT employ a person with an administrative confirmation on the registry or a court conviction for abuse, neglect, or exploitation of a resident recorded after April 1, 1992.**

Be sure students understand:

- what the KNAR is, including information about their ID number and reports of ANE
- the criminal record check process
- the employment verification process

Information should be given to students regarding the KNAR, prohibitions resulting from criminal record checks, and the employment verification process. Prohibited offenses are listed online at www.kdheks.gov/hoc.

Employment eligibility

CNAs are eligible for employment for 24 months following the date the certificate is issued. To extend the eligibility period, the CNA must be employed to perform nursing or nursing related tasks for at least eight hours in the 24-month period.

If the CNA has been employed to perform nursing or nursing related duties for at least eight hours within the past 24-month period, but this information has not been received and noted on the CNA's KNAR record, the CNA should request the **Employment Verification Form** from HOC.

CNA certificates do not expire, but they do become inactive if the CNA is not employed for at least 8 hours in a 24-month period.

If the CNA has not been employed to perform nursing or nursing related duties in the past 24 months, he or she can do the following:

- A licensed, registered nurse may elect to administer the **Kansas Nurse Aide Task Checklist - For Employment Verification**. The checklist may be done in an adult care home, hospital or laboratory setting. The **nurse** must request the form from HOC and complete the task checklist, dating and evaluating each task as it is performed. **The**

checklist shall not be given to the aide. Do not use a Kansas Nurse Aide Part I NATCEP Task Checklist for employment verification purposes. This is for CNA course use only.

- The CNA may take a refresher course, if available, instead of having a nurse administer the task checklist.

Do not use a Kansas Nurse Aide Part I NATCEP Task Checklist for employment verification purposes.

When the completed checklist or a roster documenting completion of the refresher course is submitted to HOC, the eligibility period is extended by 24 months.

It is not necessary for the CNA to work for "40 hours" in order to complete the checklist for employment purposes. The amount of time it takes to perform each task will vary.

Explanation should be given to all students regarding verification of employment within the past 24 months. Facilities are required to update employment verifications annually.

Important points to convey to students

Instructors should assure that students:

- receive the original signed Part I NATCEP Task Competency Checklist
- perform only those tasks for which they are competent
- complete the Application for State Test information accurately
- understand that they will be scheduled for testing by the test site
- understand the "Approval to Test Notice" will assign the test date, location and time
- know that they must bring an original form of photo ID to the test site
- know that they WILL NOT be admitted if they are not listed as eligible on the site schedule, or, are late, or do not provide required ID
- know who to contact to reschedule a test
- know that it will cost an additional \$20 to take the test again
- know that they only get three opportunities to sit for the test per year
- know that it may be up to 30 days before the test results are returned to them
- know that they MUST contact KDHE (785-296-0060)

- whenever they move
- know that a criminal record check will be requested by a facility to determine eligibility to work
 - know that the KNAR will be checked for reports of abuse, neglect or exploitation, or prohibited offenses
- The KNAR should never be contacted to:**
- Inquire about test results. The results are mailed to candidates within 30 days from the test date; they cannot be given over the phone. (call 785-296-1250)
 - Inquire about test sites (call 785-296-1250)
 - Request replacement copies of certificates (call 785-296-0060)
 - report an abuse complaint about a certified nurse aide or other personnel (call 1-800-842-0078)
 - inquire about the nurse aide training and competency evaluation program (call 785-296-0058) or employment verification procedures or issues (call 785-296-1250)
 - locate course offerings (call 785-296-6796 or access website at www.kdheks.gov/hoc)
-

MISCELLANEOUS

Instructor information update

State-approved instructors are responsible for **updating their personal instructor record** with HOC whenever there is a change in mailing address, business or home telephone number, or legal change in name.

Replacing lost certificates

CNA certification does not expire, so new certificates will not automatically be mailed. If the CNA has lost his/her certificate, an application form is available, and a new certificate will be sent upon receipt of the form and a fee.

Distance learning technologies (DLT)

The department has developed guidelines for conducting nurse aide training using distance learning technologies. (See Appendices, beginning on page 67.) The guidelines include the following:

1. The first two courses of each course type are considered pilot courses.
2. The sponsor must submit a proposal for approval of DLT and online courses in addition to the course application.
3. The proposal and course application for each pilot course are due into HOC at least four weeks prior to

the course start date.

Proposal guidelines must be included.

4. Course evaluations are due into HOC within ten days after the course ending date.
5. Once two courses for a course type have been deemed successful, proposals are no longer necessary.
6. If a course is deemed as not successful, an additional proposal for another pilot course is required.
7. All aide training course regulations and policies apply to DLT and online courses.
8. Each online course must allow a method for student-to-student and student-to-instructor communication.

DLT and online courses must meet the same standards as traditional courses, and instructors and sponsors bear the same level of responsibility.

For non-sponsorship/non-school sponsored online courses, the **Instructor Responsibilities Agreement Form** must be completed and submitted to HOC.

Web based courses

If a sponsor wants to offer a web based course, the sponsor must submit a proposal for approval by the department in addition to the course approval form. A web based course may be approved on a pilot basis. (See guidelines in Appendices, pages 70.)

Sponsorship Program

Any sponsor that has offered six or more CNA, HHA, CMA, or CMA Renewal courses in a two-year period and meets the regulatory requirements for being a sponsor depending upon course type, respectively, may apply for a two-year sponsorship. The primary advantages of a sponsorship are an abbreviated course approval form and shorter time frame for course applications. If a training site is under NATCEP ban, they are not eligible. Call 785-296-6796 for more information.

APPENDICES



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
INSTRUCTOR APPLICATION FOR CNA, CMA AND HHA TRAINING COURSES**

Mark type of course. ☐ Nurse Aide Curriculum ☐ Home Health Aide Curriculum ☐ Medication Aide Curriculum

KDHE OFFICE USE ONLY			
Instructor ID # _____	CNA	Approval Date ____-____-____	Disapproval Date ____-____-____
Reviewer Signature _____	CMA	Approval Date ____-____-____	Disapproval Date ____-____-____
	HHH	Approval Date ____-____-____	Disapproval Date ____-____-____

Following approval, please use the six-digit Instructor ID# which has been assigned by the department. Include the assigned Instructor ID# on all future correspondence with the department.

Type or print in all information that is requested. This application should be received by this department at least three weeks prior to offering an initial nurse aide, home health aide or medication aide update training course.

APPLICANT, PLEASE NOTE: The attached CNA-CMA-HHA Instructor Employment Verification forms must be completed by current/former employer(s) for each reference listed on the application. All employment verifications must be received by Health Occupations Credentialing before the application can be processed.

Applicant Information

Name _____

First MI Last Other

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Mailing Address _____

Street	City	State	Zip
--------	------	-------	-----

Home Address			
Street	City	State	Zip

Phone # (home) () _____ (work) () _____ CNA ID number (if applicable)? _____

E-mail address

Kansas Licensure # (LPN/RN) ____/____/____/____ Expiration Date ____-____
mm yr

Instructor Qualifications:

NURSE AIDE INSTRUCTOR:

According to state and federal standards, each course instructor must be a registered nurse with a current Kansas license and have a minimum of two years' licensed nursing experience. At least 1,750 hours must be as a licensed nurse in a setting which demonstrates long-term geriatric nursing care, such as an adult care home or a distinct-part long term care unit or a state institution for the mentally retarded. Additionally, all nurse aide instructors must have completed a course in teaching adults or a professional continuing education offering on supervision or adult education, or shall have experience in teaching adults or supervising nurse aides. See K.A.R. 28-39-166(a)(2) for additional information.

To document alternative long-term care setting: "Alternative Practice Setting Experience" form is available upon request.

HOME HEALTH AIDE INSTRUCTOR:

According to state and federal standards, each instructor of a home health aide course must be a registered nurse with a current Kansas license and have direct work experience in the provision of home health care. In order to qualify as an approved instructor, the state requires that the candidate be a registered nurse with a minimum of two years' licensed nursing experience. At least 1,750 hours must be as a licensed nurse in home health

care services.

To document alternative home health care setting: "Alternative Practice Setting Experience" form is available upon request.

MEDICATION AIDE INSTRUCTOR:

Each instructor must be a registered nurse with a current Kansas license and have two years full-time clinical experience as a registered nurse.

Employment Information (Licensed Nursing Experience)

Please provide only the employment information on the following pages that directly demonstrates that you meet the instructor qualifications previously described. If additional space is needed, please follow the same format as this form. A resume may not be substituted for the information requested in this section.

Employer's Name	TO EQUAL 100%	DESCRIPTION OF JOB DUTIES
Employer's Address		
Kind of Business		
Your Job Title		
From: _____ To: _____ _____ mm / dd / yr _____ mm / dd / yr		
Hours Per Week		

If you supervised employees, please indicate the number and type of work they did.

Number of aides _____

Type of Work _____ Dispensed Medication _____

Employment Verification Attached _____

Employer's Name	TO EQUAL 100%	DESCRIPTION OF JOB DUTIES
Employer's Address		
Kind of Business		
Your Job Title		
From: _____ To: _____ _____ mm / dd / yr _____ mm / dd / yr		
Hours Per Week		

If you supervised employees, please indicate the number and type of work they did.

Number of aides _____

Type of Work _____ Dispensed Medication _____

Employment Verification Attached _____

Employer's Name	TO EQUAL 100%	DESCRIPTION OF JOB DUTIES
Employer's Address		
Kind of Business		
Your Job Title		
From: _____ To: _____ _____ mm / dd / yr _____ mm / dd / yr		
Hours Per Week		

If you supervised employees, please indicate the number and type of work they did.

Number of aides _____

Type of Work _____ Dispensed Medication _____

Employment Verification Attached _____

Adult Education Training Course

Training School Name	TRAINING COURSE IN ADULT EDUCATION OR A PROFESSIONAL CONTINUING EDUCATION COURSE ON SUPERVISION OR ADULT EDUCATION MAY BE DOCUMENTED BY SUBMISSION OF POST-SECONDARY TRANSCRIPT OR CERTIFICATE OF COMPLETION.
School Mailing Address	
Dates of Attendance From: _____ To: _____ mm/dd/yy mm/dd/yy	

NOTE: Course instructors and sponsors are responsible for being knowledgeable of and adhering to all pertinent statutes, regulations, policies or administrative guidelines in making application for course approval including but not limited to Kansas Statutes Annotated 39-926, Kansas Administrative Regulations 28-39-165 through 170, the Kansas 90-Hour Nurse Aide, Home Health Aide, or Medication Aide Curriculum Guidelines.

Signature of Applicant: I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments. I do hereby acknowledge that it is my responsibility to obtain employment verification from current/previous employer(s) for each reference listed on the application. I am fully aware that failure to provide this information to Health Occupations Credentialing will delay the processing of this application.

Signature _____ Date _____

Please complete all the employment information that demonstrates that you meet the instructor qualifications and attach the employment verification forms which have been completed by each employer and return to:

Health Occupations Credentialing
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

Phone number: (785) 296-6877
e-mail address: kfritts@kdhe.state.ks.us

KDHE OFFICE USE ONLY

CNA	Instructor # _____	Approval Date ____-____-____	Disapproval Date ____-____-____
CMA	Instructor # _____	Approval Date ____-____-____	Disapproval Date ____-____-____
HHA	Instructor # _____	Approval Date ____-____-____	Disapproval Date ____-____-____

Reviewer Signature _____

Comments:

HEALTH OCCUPATIONS CREDENTIALING
1000 SW Jackson, Suite 330
Topeka, KS 66612-1365
CNA-CMA-HHA INSTRUCTOR EMPLOYMENT VERIFICATION

APPLICANT: COMPLETE THIS SECTION

(Photocopy as needed and send to each employer listed on your application.)

Social Security Number _____ RN License Number ____/____/____

Name _____
(Last) (First) (M.I.)

Other Names Used _____

Address _____

(Street) (City/State) (Zip)

Phone Number (Home) _____ (Work) _____

By my signature, I authorize the release of employment verification from the facility named below to the Kansas Department of Health and Environment.

Signature _____ Date _____

EMPLOYER: COMPLETE THIS SECTION

Name of Facility _____ Telephone number (____) _____

Address _____

Type of facility: Adult Care Home _____ Hospital _____ Home Health Agency _____ Other (Explain) _____

Comments:

I certify that the individual named above is/was employed by me as an LPN or RN (Circle one)

from _____ to _____.

This individual was employed as a licensed nurse as follows (number of hours per week must be included):

In an adult care home or distinct-part long term care unit from _____ to _____ Hours per week: _____

In home health care services from _____ to _____ Hours per week: _____

Other licensed nursing experience from _____ to _____ Hours per week: _____

Experience in administering medication ____ Yes ____ No

Please explain if other licensure setting _____

Signature _____ Date _____

Title _____

Alternative Practice Setting Experience for CNA Instructor Applicants

Applicants to become CNA course Instructors must meet federal and state qualification requirements. In some cases, applicants have difficulty documenting all applicable qualifications. Consideration may be given to experience in a (state licensed) setting which demonstrates long-term, geriatric nursing care (BHF Regulation Interpretation No. 00-7). At the request of the applicant, KDHE will review information submitted directly from employer(s). If it can be determined, based upon this documentation, that experience is substantially equivalent to the requirements specified in regulation, the applicant may be approved.

Employer Documentation Requirements

Two required items of information must to be submitted to Health Occupations Credentialing by an administrative or medical records representative:

- **Practice Setting Essay:** Report in narrative form on this page. Use additional pages if necessary
- **Checklist:** Fill out on back of this page.

Return completed Practice Setting Essay and Checklist to:

CNA Instructor Approval
Kansas Department of Health and Environment
Health Occupations Credentialing
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

PRACTICE SETTING ESSAY: Identify the applicant, dates of employment, number of hours per week and estimated weeks employed (in total). In essay format, please describe the type of practice setting, patient/resident average census, frequency of and type of procedures related to geriatric, or long-term care, and average length of stay in setting. Please make sure each of these areas is covered in your essay, along with supporting data for the time period the applicant was employed.

CHECKLIST/VERIFYING DOCUMENTATION

Description of nursing or nursing related care at: _____ Name of facility/city/state	Applicant Experience? Mark all with Yes or No	Optional Additional Specific Information
Clients with extended or long-term stays		
Promoting client independence		
Respecting clients' rights		
Basic nursing skills which should include: taking and recording vital signs, measuring and recording height and weight, caring for client's environment, recognizing abnormal changes in body functions, and caring for person when death is imminent.		
Personal care skills which should include: bathing, grooming, mouth/oral care, dressing, toileting, assisting with eating and hydration, feeding clients, skin care, and transfers and positioning.		
Mental health and social service needs: which may include tasks such as giving an appropriate response to client behaviors, assisting and supporting the developmental tasks associated with aging, allowing client to make personal choices, and providing care and reinforcing behaviors that are consistent with client dignity.		
Care of cognitively impaired adult client		
Basic restorative services which may include tasks such as training client in self-care to the clients' abilities, use of assistive devices (such as walkers, large-grip utensils, toilet seat risers, handrails), maintaining proper range of motion, bowel and bladder habits/training, and use of prosthetic and orthotic devices		
General infection control		
Safety/emergency procedures		
Communication and interpersonal skills		

This form is in reference to employment of: _____ who has applied to KDHE to be an approved CNA course instructor. I have completed this form accurately and can substantiate this information if necessary:

(Name of person completing form/title/date)

(Name of facility)

KDHE REVIEWER: _____/date_____

_____ Approved _____ Not Approved/Comments:_____



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

APPLICATION FOR APPROVAL OF TRAINING COURSE

Course Type (please check one):

☐ 2008 90-Hour CNA

☐ CNA Refresher Course ☐ 75-Hour CMA**

☐ 20-Hour HHA**

☐ OTA/PTA Bridge

☐ 30-Hour Bridge

☐ CMA Continuing Education

** Students must pass an 8th grade reading level and comprehension test before enrolling in these courses.

NOTE: Please consult appropriate Instructor manual for guidelines on filling out this application.

This application MUST be received by this office THREE WEEKS (21 days) prior to the beginning date of the course. If not, the application will be returned so that the dates of the course can be adjusted to meet the three week requirement. If a request for waiver is included, both the application and the waiver MUST be received by this office FOUR WEEKS (28 days) prior to the course start date.

■ Date Application Submitted ____ / ____ / ____ ■ Date received by HOC ____ / ____ / ____

■ Course Begins ____ / ____ / ____ ■ Course Ends ____ / ____ / ____

■ Primary Instructor Name _____ Instructor's ID# _____

■ Current Address: _____
Street City Zip

■ Current Phone Number: (____) _____ E-Mail address: _____

■ KS RN License # ____ / ____ / ____ KS RN Licensure Expiration Date ____ / ____

■ Sponsoring Facility/School _____ ■ KS Facility/School ID# _____

■ Coordinator Name _____ Phone # (____) _____

■ Address _____ Email: _____
Street and/or PO Box City Zip

■ Clinical Site _____ ■ KS Facility ID# _____

■ Address _____
Street and/or PO Box City State Zip

■ Classroom Site _____

Address City

■ Class Days & Times: _____

■ Course Training Includes:

	PART 1 (If applicable)	PART 2 (If applicable)	TOTAL HOURS
CLASS HOURS			
LAB/CLINICAL HOURS			
TOTAL HOURS			

Please adapt the grid to the type of course given. For courses which do not have two parts, use the "TOTAL HOURS" column to enter the number of hours. Be prepared to present course schedule (topics, times and dates) on request.

DEPARTMENT USE

■ Course # _____ ■ Approval Date ____ - ____ - ____ ■ Disapproval Date ____ - ____ - ____

■ Reviewer's Signature _____ ■ Date _____

Reason for Disapproval: _____

Please attest that the following information about the course you intend to conduct is true:

ALL AIDE COURSES

- ☐ yes 1. I have read and will follow the applicable regulations, curriculum guidelines and instructor manual in preparation for this course.
- ☐ yes 2. The required text for this course will be the Kansas approved curriculum guidelines, if applicable. The 2008 Kansas approved curriculum guidelines will be used for all CNA courses. The 2003 approved curriculum will be used for all CMA courses. The 2005 approved curriculum will be used for all HHA courses. A secondary text is optional. If a student text or workbook is used, please note the author/s, title, edition and publisher here:
- ☐ yes 3. I will assure an adequate environment for the course, i.e., adequacy of classroom, availability of equipment, etc.
- ☐ yes 4. I will provide in writing to all students on the first day of class, the methods of student evaluation/grading including attendance requirements for classroom, clinical and makeup.
- ☐ yes 5. I will provide a program and instructor evaluation to the students which will be used to evaluate the success of this course.
- ☐ yes 6. During class or clinical instruction, the instructor will perform no other duties but the supervision of the trainees. The person designated to assume the instructor's regular staff duties during this time is: _____.
- ☐ yes 7. I will inform both instructor and students of the state agency's phone number for registering complaints: (785) 296-6796.
- ☐ yes 8. I will notify KDHE prior to any changes or cancellations being made to the course.
- ☐ yes 9. I understand that additional information may be requested by the department to verify requirements have been met, and that the department may make unannounced onsite visits. I will keep a copy of the course schedule available at the training site.
- ☐ yes 10. I understand that this application must be received by Health Occupations Credentialing (HOC) at least three weeks (21 days) prior to the start date of the class. If a request for waiver is included, both must be received by HOC four weeks (28 days) before the course start date. All late applications will be returned.
- ☐ yes 11. I understand that no nurse aide who is employed by, or who has received an offer of employment from, a Medicare/Medicaid facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials). CFR 483.152(c)(1)

CNA COURSE

- ☐ yes 1. The Part I task checklist will be completed by the conclusion of Part I. The original will be given to the student unless the student is repeating the course.
- ☐ yes 2. Students who successfully complete Part I of the course and the Part I task checklist will be issued a Paid Nutrition Assistant certificate by the sponsor.

CMA COURSE and 20-HR HHA COURSE,

Which method of prescreening and testing will be utilized for students intending to take this course?

☐ CASAS ☐ Other (specify standardized test) _____

- ☐ yes 1. I have verified with the Kansas Board of Regents that the test version used will test reading and comprehension at an eighth grade level.

CMA CONTINUING EDUCATION COURSE ONLY:

- ☐ yes 1. The course will include a minimum of 10 hours of instruction in any or all of the following topics:
- a. New classes of drugs and new drugs
 - b. New uses of drugs
 - c. New methods of administering drugs
 - d. Alternative treatments such as herbs, acupuncture, interaction with traditional drugs
 - e. Safety and administration of drugs
 - f. Documentation

CNA REFRESHER COURSE ONLY:

- ☐ yes 1. The course will include a minimum of five hours of didactic and five hours of lab or clinical experience.
- ☐ yes 2. The course will include didactic instruction on each of the following 9 topics and will also include lab or clinical instruction for items #4 through 9:
- 1. The nurse aide's responsibility in health care delivery
 - 2. Communication
 - 3. Resident's rights (including preventing and reporting ANE)
 - 4. Safety, including the Heimlich maneuver
 - 5. Infection control (including handwashing)
 - 6. Bedmaking
 - 7. Personal care skills (feeding, bathing, dressing, elimination needs, skin care)
 - 8. Transfers, positioning and turning
 - 9. Measurement and recording of vital signs

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and attachments.

Coordinator Signature

Instructor Signature

Please review the application verifying that the following items have been completed on the Application for Approval of Training Course. Return this checklist along with the three pages of the application.

Page 1:

- ☐ Course type is checked.
- ☐ Course beginning and ending dates are provided. HOC will receive the application at least 3 weeks (21 days) prior to the start date; 4 weeks (28 days) if a request for waiver is included with the application.
- ☐ Sponsor, clinical and classroom information is provided with the sponsor's license/ID # and the clinical site's license #.
- ☐ Class days and times are provided.
- ☐ Table of course hours is filled to meet the minimum requirements for the course:
 - 90-Hour CNA:** at least 40 hours in part I and 50 hours in part II with a 50/50 ratio of class to clinical in part I and part II;
 - 75-Hour CMA:** at least 75 hours of training including at least 25 hours of clinical training;
 - 20-Hour HHA:** at least 20 hours of instruction, clinical training is optional;
 - CMA Continuing Education:** at least 10 hours of instruction in prescribed topics;
 - OTA/PTA Bridge:** at least 11 hours in part I of which at least 5 hours are classroom instruction and 6 hours are clinical training and 19 hours in part II with at least 9 hours of classroom instruction and 10 hours of clinical training;
 - 30-Hour Bridge:** at least 15 hours of classroom instruction and 15 hours of clinical training;
 - CNA Refresher Course:** at least 5 hours of didactic and 5 hours of lab or clinical instruction.

Page 2 and 3:

- ☐ The specific course attestations have been provided.
- ☐ Coordinator has signed.
- ☐ Instructor has signed.

Page 4:

- ☐ Page 4 has been completed and will be returned along with the application.

Other:

- ☐ If time allows and there is a problem with this course application, please call, using phone numbers provided, the:
 - ☐ Instructor
 - ☐ Coordinator
- ☐ Please mail all correspondence to me and not to the sponsor listed on the front page:

Name		Organization	
Address		City	State
			Zip
Person Submitting This Application		Signature	/ / Date

Submit online or return application including the checklist (4 pages required; 5th page is optional) with any necessary attachments to:

Health Occupations Credentialing
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

Phone number: (785) 296-6796
Fax number: (785) 296-3075
dstaab@kdheks.gov
Web site: www.kdheks.gov/hoc

Revised 6/28/10

ADDITIONAL INFORMATION

Is this course a Distance Learning Network, Interactive Network or similar type course? ☐ Yes ☐ No

Please list additional instructors, classroom and clinical sites here.

■Instructor Name _____ Instructor's ID# _____

■KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

■Current Address: _____
Street City Zip

Current Phone # () _____ E-Mail Address: _____

■Instructor Name _____ Instructor's ID# _____

■KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

■Current Address: _____
Street City Zip

■Current Phone # () _____ E-Mail Address: _____

■Instructor Name _____ Instructor's ID# _____

■Current Address: _____
Street City Zip

■KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

■Current Phone # () _____ E-Mail Address: _____

■Instructor Name _____ Instructor's ID# _____

■Current Address: _____
Street City Zip

■KS RN License # _____ / _____ / _____ KS RN Licensure Expiration Date _____ / _____

■Current Phone # () _____ E-Mail Address: _____

■Classroom Site _____ ■KS Facility ID# _____

■Address _____
Street and/or PO Box City State Zip

■Classroom Site _____ ■KS Facility ID# _____

■Address _____
Street and/or PO Box City State Zip

■Classroom Site _____ ■KS Facility ID# _____

■Address _____
Street and/or PO Box City State Zip

■Clinical Site _____ ■KS Facility ID# _____

■Address _____
Street and/or PO Box City State Zip

Clinical Site _____ ■KS Facility ID# _____

■Address _____
Street and/or PO Box City State Zip

Clinical Site _____ ■KS Facility ID# _____

■Address _____
Street and/or PO Box City State Zip

90-HOUR NURSE AIDE PART I**CLASS SCHEDULE AND CONTENT**

This class schedule and content is a very important quality control tool. It is to be completed and kept at the training site and must be presented to the department upon request. Please indicate the date(s), time(s), number of hours, and if being taught during class or clinical for each topic. Do not use an "X" when indicating hours. Time allotted for lunch and other breaks may not be counted in the total hours. Class time should be within reasonable limits: no more than eight hours per day of instruction with lunchtime and breaks provided.

Date(s)	Time(s):(am/pm)	COURSE TOPICS	Hours	Class	Clinical
		UNIT 1 - INTRODUCTION			
		UNIT 2 - RESIDENTS OF AN ADULT CARE HOME			
		UNIT 3 - ROLE AND RESPONSIBILITIES OF CNA			
		UNIT 4 -MEETING THE RESIDENT NEEDS: COMMUNICATION			
		UNIT 5 - MEETING THE RESIDENT NEEDS: INFECTION PREVENTION AND CONTROL			
		UNIT 6 - MEETING THE RESIDENT NEEDS: MOBILITY			
		UNIT 7 - MEETING THE RESIDENT NEEDS: THE RESIDENT'S PERSONAL LIVING SPACE			
		UNIT 8 - MEETING THE RESIDENT NEEDS: SAFETY			
		UNIT 9 - MEETING THE RESIDENT NEEDS: PERSONAL CARE AND GROOMING			
		UNIT 10 - MEETING THE RESIDENT NEEDS: NUTRITION AND FLUIDS			
		UNIT 11 - MEETING THE RESIDENT NEEDS: ELIMINATION			
		UNIT 12 - MEASURING AND RECORDING VITAL SIGNS			

PART I SKILLS COMPETENCY CHECKLIST **TOTAL CLASS HOURS** _____ **TOTAL CLINICAL HOURS** _____

90-HOUR NURSE AIDE PART II

CLASS SCHEDULE AND CONTENT

Date(s)	Time(s):am/pm	COURSE TOPICS	Hours	Class	Clinical
		UNIT 13 - THE RESIDENT'S CARE PLAN			
		UNIT 14 - OBSERVING, REPORTING AND DOCUMENTING			
		UNIT 15 - PHYSICAL CHANGES ACCOMPANYING AGING			
		UNIT 16 - SEXUALITY IN AGING			
		UNIT 17 - MEETING RESIDENT NEEDS FOR COMFORT AND REST			
		UNIT 18 - MEETING RESIDENT NEEDS: END OF LIFE CARE			
		UNIT 19 - MEETING RESIDENT NEEDS: RESTORING NUTRITION AND ELIMINATION			
		UNIT 20 - MEETING RESIDENT NEEDS: MAINTAINING AND RESTORING MOBILITY			
		UNIT 21 - MEETING RESIDENT NEEDS: DEMENTIA AND PROBLEM BEHAVIORS			
		UNIT 22 - ADDITIONAL RESIDENT CARE PROCEDURES			
		UNIT 23 - MEETING RESIDENT AND FAMILY NEEDS: ADMISSION, TRANSFER AND DISCHARGE			
		UNIT 24 - FIRST AID IN THE ADULT CARE HOME			
		UNIT 25 - WORKING AS A CNA			
TOTAL CLASS HOURS _____			TOTAL CLINICAL HOURS _____		

KANSAS NURSE AIDE
Part I – NATCEP Task Checklist

Trainee's Name _____
 Social Security # _____

Trainee II status is valid for employment, limited to four months from the beginning date of this approved course. Tasks may be assessed in a licensed adult care home, hospital or laboratory setting. **Note: The NATCEP Task Checklist is the property of the trainee. Unless the student is repeating the course, the course instructor should provide it to the trainee upon satisfactory performance.**

Resident Care	Date
1. Describe the nurse aide's role and scope of responsibility in delivering resident care. Identify who is responsible for the actions of the nurse aide.	
2. Describe how the nurse aide promotes resident rights, including the right to dignity, privacy, and freedom from abuse, neglect and exploitation. Demonstrate respect for resident rights.	
3. Describe attitudes and behaviors that promote resident's independence.	
4. Describe attitudes and behaviors that enhance communication among trainee, resident, resident's family, and staff. Give examples and/or demonstrate.	
5. Describe safety precautions to avoid resident injuries. Describe fire/disaster safety measures.	
6. Demonstrate practices that reduce the transfer of infection (including standard precautions) in resident's living area, bathroom, and when handling soiled articles.	
7. Demonstrate effective handwashing technique and use of waterless hand cleaner, after contact with body fluids or excretions, before and after resident contact, and when assisting with eating.	
8. Use clean (disposable) gloves when in contact with blood, body fluids, broken skin or mucous membrane. Properly remove and dispose of gloves.	
9. Demonstrate techniques used to assist resident with eating, encouraging independence. Identify safety precautions. Identify measures to promote fluid intake.	
10. Simulate the abdominal thrust (Heimlich maneuver) technique for complete airway obstruction.	
11. Assist or provide a bath using shower or tub or sponge bath and bedbath, while (a) encouraging independence and (b) providing privacy, safety, comfortable room and water temperature.	
12. Assist and/or dress/undress, while encouraging appropriate personal choices and independence.	
13. Assist with urination and bowel elimination needs. Provide for safety and privacy while using toilet, commode, bedpan, or urinal. Demonstrate perineal care.	
14. Demonstrate safe transfers using transfer belt and mechanical lift, from (a) bed to chair/wheelchair, (b) chair to toilet/commode. Identify safe body mechanics for personal and resident safety. (Students under 18 should not demonstrate use of power lifts, but should be familiar with their use.)	
15. Demonstrate assisting resident (a) to sitting position, (b) repositioning in bed (turning, moving toward head of bed), (c) log-rolling turn in bed.	
16. Assist with ambulation, utilizing assistive devices when needed.	
17. Assist and/or provide grooming assistance for resident including oral care (mouth, gums, teeth or dentures), nail care (soaking and filing), hair care (brushing and/or combing), beard care or shaving.	
18. Assist and/or provide a shampoo (sink, whirlpool, shower or bed).	
19. Describe and demonstrate skin care. Describe what, when and to whom observations are reported.	
20. Demonstrate accurate measurement and recording of vital signs (a) temperature, (b) pulse, (c) respirations, (4) blood pressure. Demonstrate accurate measurement and recording of weight and height. Describe what, when and to whom observations are reported.	

This checklist fulfills Part I of course # _____ which began on (date) ____/____/____ at (training facility) _____ in (city) _____. The trainee has demonstrated safe performance of these tasks at a beginning level and will continue with Part II of the Kansas Nurse Aide Training and Competency Evaluation Program.

Instructor Name _____ Instructor # _____

Signature _____ Date: _____

February 2007



KANSAS NURSE AIDE Part II - NATCEP Checklist

At the conclusion of training, instructors may use this comprehensive assessment tool to document Trainee II knowledge and skills.

Resident Care Knowledge and Skill	Date	Comments
1. Identify responsibilities of nurse aide in health care delivery system; identify delivery settings; name health care profession responsible for actions of the nurse aide.		
2. Demonstrate professional attitude and behavior which enhances communication between the trainee and the resident, resident's family members, and staff. Describe appropriate confidentiality.		
3. Demonstrate good work ethics, including attendance and positive attitude.		
4. Demonstrate responsibility for resident rights by offering choices, promoting independence and the client's right to be free of abuse, neglect or exploitation.		
5. Define abuse, neglect, and exploitation; describe proper reporting and consequences of abuse, neglect and exploitation. The toll free number for reporting abuse, neglect or exploitation is 1-800-842-0078.		
6. Describe safety precautions to avoid resident injuries. Describe fire escape and severe weather plans.		
7. Utilizing proper body mechanics, demonstrate techniques of making an occupied and unoccupied bed using measures to: (1) provide for resident's comfort, (2) prevent the transfer of microorganisms while handling linen and (3) prevent skin irritations/pressure ulcers.		
8. Following the concepts of standard precautions, demonstrate practices which reduce the transfer of infection: keeping resident's immediate area clean, disposing of soiled articles in proper receptacles, and cleaning equipment after resident use.		
9. Use disposable gloves when in contact with body fluids (blood, urine, vomitus, excrement, saliva). Demonstrate proper disposal of gloves.		
10. Demonstrate effective handwashing techniques following all rules of asepsis, including washing hands when entering and leaving the resident's room and between resident's care..		
11. Demonstrate feeding techniques, guarding for safety and encouraging independence of resident. Demonstrate knowledge of the importance of fluid intake. Describe swallowing strategies.		
12. Assist and/or provide a bath using shower, tub or bed bath, while providing for: (a) privacy, (b) safety, (c) comfortable room and water temperature. Use proper body mechanics.		
13. Observe skin, recognize need for and provide skin care. Describe when, what and to whom observations need to be reported. Identify pressure points and recognize non-blanching, reddened areas.		
14. Demonstrate methods for bed, chair and wheelchair to prevent pressure areas.		
15. Assist and/or provide oral care to include care of the mouth, gums, teeth or dentures.		
16. Assist with or provide nail care. Do not provide nail care to diabetics or those with impaired circulation-requires special assistance.		
17. Assist and/or dress/undress, allowing for appropriate personal choices while encouraging independence.		
18. Assist with urination and bowel elimination needs, meeting the resident's needs and providing for safety and privacy, while using the toilet, commode, bedpan, or urinal.		

Resident Care Knowledge and Skill	Date	Comments
19. Demonstrate appropriate care for incontinent resident, including toileting, perineal care, what and when to report.		
20. Demonstrate ability to obtain accurate input and output. Demonstrate ability to add cubic centimeters.		
21. Demonstrate proper catheter care and discuss safety issues involved in wearing a catheter.		
22. Describe/demonstrate colostomy care.		
23. Demonstrate proper body alignment and positioning in bed and chair using devices and pillows as necessary.		
24. Utilizing proper body mechanics, demonstrate safe transfer, using the gait belt and/or mechanical lift from: (1) bed to chair, (2) chair to toilet/commode. Utilizing proper body mechanics, demonstrate (1) logroll to side of bed, (2) up to sitting position. Make sure equipment is safe and clean and pathway is clear before transferring.		
25. Demonstrate turning, repositioning resident.		
26. Assist with ambulation, utilizing assistive devices when needed. The resident should wear skid-proof shoes for safety. Be aware of signs or complaints of dizziness.		
27. Demonstrate accurate measurement and recording of weight and height, measurement and recording of vital signs: (1) temperature, (2) pulse, (3) respirations, (4) blood pressure. Report to supervisor any change in resident's measurements.		
28. Demonstrate the abdominal thrust (Heimlich maneuver) technique.		
29. Describe or demonstrate communication technique with cognitively impaired resident.		
30. Describe/demonstrate maintenance and evaluation of sensory devices such as eye glasses-clean and worn; hearing aids on and working properly. Inform nurse of problems immediately.		
31. Describe how to work with residents who have special needs such as fall, elopement, skin risks and combativeness. Demonstrate knowledge of resident safety measures such as Wanderguard system (or other "alert the staff" systems), use of personal alarms.		
32. Describe oxygen usage and storage.		
33. Describe/demonstrate the care of resident after death.		

Student's Name _____ Course Number _____

Instructor Name _____ Instructor # _____ Signature _____

Date ____/____/____

INSTRUCTIONS

for Submitting a Request for Waiver of the Prohibition on NATCEP

(The following 5 pages explain the Request for Waiver form found on pages 57-59. **Keep these instructions for your records; do not return** to Health Occupations Credentialing.)

This is the educational tool for submitting a Request for Waiver of the Prohibition on NATCEP. The request for waiver is required for 90-Hour Certified Nurse Aide Training Courses when the chosen clinical site has had a prohibition on nurse aide training. Having this document alongside your Request for Waiver will make it easier to fill out the form.

General Directions:

Type all information requested. Answers can be typed on a separate sheet and attached to SECTION A or SECTION B if there is not enough room on the form. If any questions are left blank or do not meet regulation, the entire application will be disapproved and returned. The sponsor then must apply for another waiver allowing four weeks processing time.

Definitions:

CMS - Centers for Medicare and Medicaid Services. This is the Federal Agency charged with overseeing medicare/medicaid certification.

Sponsor - for the purposes of this document, the sponsor of a NATCEP is the school or adult care home responsible for overseeing the administration of class and clinical components and for submitting the evaluations.

Facility - for the purposes of this document, the facility is where the clinical site may be held. The facility is the one which has the prohibition on nurse aide training.

SA - State Agency, i.e., the Health Occupations Credentialing Section. The state agency is responsible for assuring the aide courses meet statute, regulation and policy.

The following question numbers are from the forms (SECTION A and SECTION B) for easy reference.

SECTION A - Completed by the Course Sponsor Requesting Approval

1. Today's date ____/____/____ Course start date ____/____/____ Course end date ____/____/____

Please submit the completed forms, i.e., Request for Waiver of the Prohibition on NATCEP (SECTION A and SECTION B) and the Application for Approval of Training Course, so that they are received by this office at least four weeks prior to the course start date.

2. Sponsoring School or Facility: _____ ID#: _____

Sponsor must be an eligible sponsor of nurse aide courses per KAR 28-39-165(d)(3). They must be one of the following:

- a postsecondary school under the jurisdiction of the state board of regents,
- a KS licensed adult care home, or
- a KS licensed distinct-part long term care hospital unit.

If the sponsor is an adult care home or a distinct-part long term care hospital unit, they must **not** have a prohibition on training.

Please include the sponsor's adult care home license number or the identification number assigned to the community college, area technical school, proprietary school or educational institution by this office.

3. Specify whether the instructor is an employee of the clinical site and/or course sponsor: Instructor ID#: _____
____ YES If the instructor is an employee of the clinical site and not of the course sponsor, I agree that there are no other

qualified instructors available and that this instructor is paid and supervised by the sponsor.

Employees of the facility with the prohibition **cannot** function as instructors for the program. If the sponsor is experiencing difficulty finding a qualified instructor, the state, may, in limited hardship situations, allow the sponsor to use a facility employee as the instructor, but only if the individual is paid and supervised by the sponsor. The state agency will then take the hardship into consideration when reviewing.

Please list the instructors ID# which comes from this office when approved to teach nurse aide courses.

4. ____ YES I have evaluated both the classroom and clinical sites and determined that an adequate teaching/learning environment exists for conducting the course and that appropriate equipment is available. I will provide oversight to this course being held in a facility with a prohibition on NATCEP.

The sponsor is responsible for evaluating both the classroom and clinical site to determine whether an adequate teaching/learning environment exists for conducting the course. Please address the physical space and equipment of both.

Please address how, as sponsor, you will provide appropriate oversight to this course being held in (**not by**) a facility with a prohibition on NATCEP.

5. ____ YES Sponsor has in place a valid quality assurance policy and procedure. Such policies assure 2-way communication between the facility and sponsor and between the sponsor and facility; describe how concerns of both the students and the facility staff are to be communicated, describe how corrections are implemented, and respect the chain of command.

Sponsor must have in place a valid quality assurance policy and procedure. This quality assurance policy and procedure must:

- respect the chain of command,
- be 2-way (between facility and sponsor; sponsor and facility),
- show how concerns are communicated, and
- show how corrections are implemented

To whom would a student report incidents of staff members performing duties which do not meet clinical standards? How would they be communicated and resolved?

To whom would a staff member report incidents of students performing duties which do not meet clinical standards? How would they be communicated and resolved?

6. ____ YES I agree to disseminate the evaluations (sections A1, A2, A3) to the sponsor, instructor, and facility representative and agree to submit together, **within 10 days of course completion**, the sponsor's, instructor's, and facility representative's completed evaluations along with a summary of the student evaluations.

Within 10 days of the course ending date, the sponsor should submit:

- the sponsor's evaluation (A1),
- the instructor's evaluation (A2),
- the facility representative's evaluation (A3), and
- and a summary of the evaluations filled out by the students in the course, per the course application.

If the evaluations are not received within 10 days of course completion, no further courses will be approved for this sponsor or this facility.

The evaluation forms (A1, A2, A3) are attached to the packet including the Request for Waiver of the Prohibition on NATCEP and this educational tool.

7. ____ YES I will provide information to the instructor and the students on how to register concerns with the state agency.

The sponsor needs to provide these two numbers to the instructor and all the students:

- Health Occupations Credentialing Section: (785) 296-6796 and
- the complaint hotline number: 1-800-842-0078.

8. ____ YES I agree to allow unannounced site visits to courses offered in facilities under a waiver.

The sponsor must allow the unannounced site visits to the course by the state agency.

9. ____ YES I will attach a completed Application for Approval of Training Course with both SECTION A and SECTION B.

Each Request for Waiver of the Prohibition on NATCEP must contain:

- SECTION A
- SECTION B
- Application for Approval of Training Course

I do hereby attest that the information supplied on this form and any attachment is accurate and complete to the best of my knowledge and give permission to the department to verify any information provided on this application and on any attachments.

10. _____
Sponsor Coordinator Name (please print) Signature Date

If the sponsor coordinator does not sign and date the form, the entire application will be disapproved and returned. Another application can be submitted, but will need to be received by this office four weeks prior to course date.

SECTION B - Completed by the Facility Requesting the Waiver and returned to Course Sponsor

11. Facility Requesting the Waiver: _____ ID#: _____

Please list the facility's name and license number. The facility requesting the waiver can be either an adult care home or a licensed distinct-part long term care hospital unit.

The facility must be in substantial compliance with the Federal requirements for participation in §483.13 Resident Behavior and Facility Practices, §483.15 Quality of Life, §483.25 Quality of Care and §483.75(f) Proficiency of Nurse Aides.

12. Reason for the Waiver Request: (mark those that apply)

☐ There are no other approved courses/training programs offered within a reasonable distance* of the facility.

☐ The time frame of classes offered within a reasonable distance* does not meet the needs of the participants or the facility. Please explain:

☐ The classes offered within a reasonable distance* would cause hardship for participants. Please explain:

☐ Other reason. Please explain:

***Reasonable distance is described by CMS as "...½ hour travel time each way from the facility."**

The facility is eligible for a waiver if there are no other training sites within a reasonable distance. CMS defines reasonable distance as "...½ hour travel time each way from the facility."

CMS will allow documented exceptions to the ½ hour travel time each way from the facility. There are three exceptions:

1. If there are training sites within a reasonable distance, but these training sites do not meet the needs of the participants or the facility, this must be documented.
2. If there are courses offered within a reasonable distance, but they cause a hardship for the participants. This must be documented.
3. If there is another reason why the waiver should be approved even though there is a training site within ½ hour of the clinical site. This must be documented.

The facility must document if there are available courses within a reasonable distance. Please specify the clinical training site, contact person, beginning and ending dates, time schedule and distance and travel time to each of the courses in the area. This information must support the answer to question #12. Please keep this documentation on file.

I do hereby attest that the information supplied on this form and any attachment is accurate and complete to the best of my knowledge, give permission to the department to verify any information provided on this application and on any attachments, and acknowledge and agree to the statements and policies outlined in SECTION A and any of its attachments.

13. _____
Facility Administrator Name (please print) Signature Date

If the sponsor coordinator does not sign and date the form, the entire application will be disapproved and returned. Another application can be submitted, but will need to be received by this office four weeks prior to course date.

“Please return SECTION B to the sponsor of this Request for Waiver of the Prohibition on NATCEP.”

Facilities must return the completed SECTION B to their sponsor. The sponsor is then responsible for submitting all documentation together.

Sponsor please return

- the completed Request for Waiver of the Prohibition on NATCEP (SECTION A, SECTION B, and any attachments) and
- an Application for Approval of Training Course.

with four weeks processing time prior to course start date to:

Health Occupations Credentialing
Kansas Department of Health and Environment
1000 SW Jackson, Room 200
Topeka, KS 66612-1365

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING
**REQUEST FOR WAIVER OF THE PROHIBITION ON NURSE AIDE TRAINING COMPETENCY EVALUATION
PROGRAM (NATCEP)**

SECTION A - Completed by the Course Sponsor Requesting Approval

See Instructions, pages 51-56. Type all information requested. A complete Request for Waiver of the Prohibition on NATCEP contains: an Application for Approval of Training Course, Section A, and Section B. All three **MUST** be received together by this office four weeks prior to the course start date.

1. Today's date ____/____/____ Course start date ____/____/____ Course end date ____/____/____
2. Sponsoring School or Facility: _____ ID# _____
3. Specify whether the instructor is an employee of the clinical site and/or course sponsor: _____
- Instructor ID# _____

____ YES If the instructor is an employee of the clinical site and not of the course sponsor, I agree that there are no other qualified instructors available and that this instructor is paid and supervised by the sponsor.

4. ____ YES I have evaluated both the classroom and clinical sites and determined that an adequate teaching/learning environment exists for conducting the course and that appropriate equipment is available. I will provide oversight to this course being held in a facility with a prohibition on NATCEP.

5. ____ YES Sponsor has in place a valid quality assurance policy and procedure. Such policies assure 2-way communication between the facility and sponsor and between the sponsor and facility, describe how concerns of both the students and the facility staff are to be communicated, describe how corrections are implemented, and respect the chain of command.

6. ____ YES I agree to disseminate the evaluations (sections A1, A2, A3) to the coordinator, instructor, and facility representative and agree to submit together, **within 10 days of course completion**, the sponsor's, instructor's, and facility representative's completed evaluations along with a summary of the student evaluations.

7. ____ YES I will provide information to the instructor and the students on how to register concerns with the state agency.

8. ____ YES I agree to allow unannounced site visits to courses offered in facilities under a waiver.

9. ____ YES I will attach a completed Application for Approval of Training Course with both SECTION A and SECTION B.

I do hereby attest that the information supplied on this form and any attachment is accurate and complete to the best of my knowledge and give permission to the department to verify any information provided on this application and on any attachments.

10. _____
Sponsor Coordinator Name (please print) Signature Date

Return the completed Request for Waiver of the Prohibition on NATCEP (SECTION A and SECTION B) and an Application for Approval of Training Course four weeks prior to course start date to:

Health Occupations Credentialing
Kansas Department of Health and Environment
1000 SW Jackson St., Suite 200
Topeka, KS 66612-1365

Updated 10/30/01

SECTION B - Completed by the Facility Requesting the Waiver and returned to Course Sponsor

11. Facility Requesting the Waiver: _____ ID# _____

12. Reason for the Waiver Request: (mark those that apply)

- ☐ There are no other approved courses/training programs offered within a reasonable distance* of the facility.
- ☐ The time frame of classes offered within a reasonable distance* does not meet the needs of the participants or the facility. Please explain:
- ☐ The classes offered within a reasonable distance* would cause hardship for participants. Please explain:
- ☐ Other reason. Please explain:

***Reasonable distance is described by CMS as "...½ hour travel time each way from the facility."**

I do hereby attest that the information supplied on this form and any attachment is accurate and complete to the best of my knowledge, give permission to the department to verify any information provided on this application and on any attachments, and acknowledge and agree to the statements and policies outlined in SECTION A and any of its attachments.

13. _____
Facility Administrator Name (please print) Signature Date

Please return SECTION B to the sponsor of this Request for Waiver of the Prohibition on NATCEP

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

SECTION A1 - Sponsor Evaluation Form

This form is to be completed by the sponsor of the course within 10 days of course completion. It will be returned with the instructor's and facility representative's evaluation forms (A2 & A3) and a summary of the student evaluations to Health Occupations Credentialing, 1000 SW Jackson St., Room 200, Topeka, KS 66612-1365.

Course # _____

1. Name of Facility: _____
2. Name of Sponsor: _____
3. Course Dates: ____/____/____ to ____/____/____
4. Number of students enrolled in the class: _____
5. Number of students who successfully completed the course: _____

Circle the appropriate answer with "5" being strongly agree through "1" being strongly disagree.

6. Program Requirements Met

- | | Strongly Agree | Strongly Disagree | | | |
|---|----------------|-------------------|---|---|---|
| a. The Kansas 90-Hour Nurse Aide Curriculum
(including the Skills Competency Checklist)
was used for this course. | 5 | 4 | 3 | 2 | 1 |
| b. The instructor supervised and evaluated the student
during the course. No delegation of instruction occurred. | 5 | 4 | 3 | 2 | 1 |
| c. KDHE was notified of any program changes, i.e.,
instructor, time frames, content. | 5 | 4 | 3 | 2 | 1 |
| d. Opportunity was available for those involved in the
training to comment on the delivery of the training. | 5 | 4 | 3 | 2 | 1 |

7. A brief summary of the student evaluations follows:

8. Was this course's instructor allowed to be an employee of the facility? YES NO
If yes, please comment on this situation, i.e. did this present any problems or concerns, did this result in any positive situations?

9. Quality Assurance Requirements Met

a. Communication was open among the sponsor, instructor,
and facility representative. 5 4 3 2 1

b. Problems were resolved to the satisfaction of all parties. 5 4 3 2 1

10. Describe any concerns that were communicated about staff or students not meeting clinical standards and how the concerns were resolved.

11. Results of Training

a. Positive changes have occurred as a result of the training. 5 4 3 2 1

12. Describe any positive changes that have occurred because training was allowed in this facility.

13. Additional Comments:

14. _____
Sponsor Coordinator Name Signature of Coordinator Date ____/____/____

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

SECTION A2 - Instructor Evaluation Form

This form is to be completed by the instructor of the course and returned to the sponsor within 5 days of the completion of the course.

Course # _____

1. Name of Facility: _____
2. Name of Sponsor: _____
3. Course Dates: ____/____/____ to ____/____/____
4. Number of students enrolled in the class: _____
5. Number of students who successfully completed the course: _____

Circle the appropriate answer with "5" being strongly agree through "1" being strongly disagree.

- | 6. Adequate Environment | Strongly Agree | Strongly Disagree |
|--|-------------------|-------------------|
| a. The classroom was adequate, i.e., comfortable, well-lighted, clean, etc. | 5 4 3 2 1 | |
| b. Equipment was available for use when needed. | 5 4 3 2 1 | |
| c. Good interaction occurred among students, instructor and facility staff. | 5 4 3 2 1 | |
|
7. Program Requirements Met | | |
| a. The Kansas 90-Hour Nurse Aide Curriculum (including the Skills Competency Checklist) was used for this course. | 5 4 3 2 1 | |
| B. KDHE was notified of any program changes, i.e., instructor, time frames, content. | 5 4 3 2 1 | |
|
8. Quality Assurance Requirements Met | | |
| a. Communication was open among the sponsor, instructor, and facility representative. | 5 4 3 2 1 | |
| b. Problems were resolved to the satisfaction of all parties. | 5 4 3 2 1 | |
|
9. Describe any concerns that were communicated about staff or students not meeting clinical standards and how the concerns were resolved. | | |

10. Results of Training

- | | | | | | |
|--|---|---|---|---|---|
| a. Positive changes have occurred as a result of the training. | 5 | 4 | 3 | 2 | 1 |
| b. The course led to improvements in facility practice. | 5 | 4 | 3 | 2 | 1 |
| c. Facility staff are more aware of clinical standards. | 5 | 4 | 3 | 2 | 1 |

11. Describe any positive changes that have occurred because training was allowed in this facility.

12. When was information given to you on how to register complaints with the State Agency?

13. When was information given to the students on how to register complaints with the State Agency?

14. Additional Comments:

15. _____
Instructor Name Signature of Instructor Date

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

SECTION A3 - Facility Evaluation Form

This form is to be completed by the facility representative for the course and returned to the sponsor within 5 days of the completion of the course.

Course # _____

1. Name of Facility: _____

2. Name of Sponsor: _____

3. Course Dates: ____/____/____ to ____/____/____

Circle the appropriate answer with "5" being strongly agree through "1" being strongly disagree.

4. Adequate Environment Strongly Agree Strongly Disagree

a. The classroom was adequate, i.e., comfortable,
well-lighted, clean, etc. 5 4 3 2 1

b. Equipment was available for use when needed. 5 4 3 2 1

c. Good interaction occurred among students, instructor
and facility staff. 5 4 3 2 1

5. The facility remained in compliance throughout the course. YES NO

6. Quality Assurance Requirements Met

a. Communication was open among the sponsor, instructor,
and facility representative. 5 4 3 2 1

b. Problems were resolved to the satisfaction of all parties. 5 4 3 2 1

7. Describe any concerns that were communicated about staff or students not meeting clinical standards and how the concerns were resolved.

8. Results of Training

a. Positive changes have occurred as a result of the training. 5 4 3 2 1

b. The course led to improvements in facility practice. 5 4 3 2 1

c. Facility staff are more aware of clinical standards. 5 4 3 2 1

9. Describe any positive changes that have occurred because training was allowed in this facility.

10. Additional Comments:

11. _____
Facility Representative Name Signature of Facility Representative ____/____/____
Date

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF HEALTH FACILITIES
HEALTH OCCUPATIONS CREDENTIALING

Guidelines for Aide Training via Distance Learning Technologies

(The medication aide update course is not included in these guidelines. It is included in the guidelines for continuing education.)

The first two courses provided by a system of linked telecommunication and live audiovisual connectivity with multiple sites will be under pilot status which will require proposals to be written to include and describe the items listed below. Health Occupations Credentialing will evaluate the test results and the summary of the evaluations for each of the two pilot courses and may observe class one or more of the sessions. If the two courses are deemed successful (based upon a passing rate which is comparable to traditional courses of similar size and generally acceptable evaluations), the sponsor is taken off pilot status and may continue to offer courses via distance learning technologies following the normal course approval process. Information will be required as follows.

1. Locations where the sessions will be held, number of instructors, names and locations for clinical instructors, name and responsibilities of the primary instructor.
2. A plan for timely coordination of handouts, tests, or films at the sites and for the clinical sessions in advance of the use of such materials.
3. A plan for assuring that clinical instructors know if the material outlined in the teaching plan has or has not been covered in the didactic session/s so that anything covered in clinical has been covered in didactic.
4. Designation of backup instructor/s to cover in cases of emergency, illness, etc.
5. A requirement that all regular and backup instructor/s complete training on the distance learning technology in advance of the start date of the course.
6. A contingency plan for difficulties; for example, what happens if the instructor is ill? What happens in the event of equipment failure? What happens if a student misses a class?
7. A plan for evaluation, to include the following:
 - A. A pre-instruction survey administered to the students, to determine if any of the students have had experience with distance learning, interactive computer programs, video games, computers, etc.
 - B. Student evaluations, a summary of which is sent to HOC. Suggested questions for inclusion in student evaluations: Were you comfortable asking questions of the didactic instructor in the distance learning setting? Did you learn in the didactic sessions what you practiced in clinical?
 - C. At the conclusion of the training, evaluations from those involved to determine what, if any, changes you would make based on this experience to a future course offering via distance learning. Targeted participants would be didactic and clinical

instructors, facility administration, students, proctors of the didactic sessions, technicians, Department of Health and Environment education and training staff.

8. Role/responsibilities of the proctor and method for informing the proctor of role/responsibilities. Will the proctor verify attendance? If not, who will?
9. In addition, an application for a course to be delivered via distance learning may be submitted as a regular course application or as part of a sponsorship program. All requirements for aide courses will apply, as follows:

REQUIREMENTS FOR ALL AIDE COURSES

Each instructor for the aide courses must be approved by the Kansas Department of Health and Environment, Health Occupations Credentialing. RN licensure must be current.

- A. Each regular course application must be submitted to HOC for approval at least three weeks prior to the start date of the course. Each sponsorship course information sheet must be submitted one week prior to the start date of the course. If a facility to be used as a clinical site for nurse aide training has a ban on training, a waiver of the ban on training must be requested at least four weeks before the start date of the course.
- B. Each aide training course must meet the minimum number of hours as set by regulation.
- C. The course sponsor and the clinical site must be eligible to hold the aide training course.
- D. The training course application must list each instructor for that course, and, if there are two or more instructors, it must also designate one of the listed instructors as the primary instructor. The primary instructor is responsible for the following activities:
 - 1) Coordinate the clinical portion with the didactic portion of the course,
 - 2) Submit the nurse aide and home health aide rosters to HOC for test scheduling within the first week of the course,
 - 3) Submit the medication aide course rosters and certification forms to HOC at the conclusion of the course.
 - 4) Provide students of the nurse aide or 90-hour home health aide course with their successfully completed skills checklist at the conclusion of Part I of the course,
 - 5) Submit any other required paperwork to HOC, such as any required evaluations,
 - 6) Distribute the "Approval to Test" notices to each student in the nurse aide or home health aide course. These notices give the student the test location, date and time.
 - a) It is important to note that if a student is late, they will not be allowed to take the test. They will have to submit a rescheduling form with the appropriate fee.
 - b) If the student's name does not appear on the list submitted to the proctor by HOC, the proctor cannot allow them to take the test.

- 7) Notify HOC if any students in a nurse aide or home health aide course drop out or do not pass the course, so their name/s can be removed from the roster.
- 8) Notify HOC of any and all changes—change of instructor, dates of course, etc.

MISCELLANEOUS

The following issues/problems were encountered with a previous distance learning pilot project. How do you plan to address these issues?

- A. The students were intimidated by the distance learning technology and were uncomfortable asking questions. The group would stop listening to the didactic instructor and discuss their questions among themselves. What can be done to encourage open interaction between the students and the instructor? (Perhaps exercises early in the presentation to get students comfortable with the technology)
- B. Visual aides were not legible. What will be done to assure that they are legible or that they are not used if not legible?
- C. Instructor was not always at ease with the technology nor accommodating for students' special needs. What will be done to track these types of issues?

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

Guidelines for Aide Training via the Internet

The first two courses offered by an approved sponsor through a system of training using the internet will be under **pilot status** and will require a **written proposal submitted at least four weeks** before the start date of the course. Proposals should include and describe the items listed below. HOC will evaluate the test results (for nurse aide and home health aide courses) and the summary of evaluations for each of two pilot courses. Once the pilot courses are deemed successful based upon a passing rate which is comparable to traditional courses of similar size and generally acceptable evaluations, the sponsor is taken off pilot status and may continue to offer web-based courses following the normal course approval process.

Some home health aide and CMA continuing education courses will not include clinical instruction. Disregard the comments about clinicals for those courses.

1. Designation of backup instructors to cover in cases of emergency, illness, etc.
2. A requirement that all regular and backup instructors complete training on the internet technology in advance of the start date of the course.
3. Locations where the clinical sessions will be held, names and responsibilities of the primary and backup instructors.
4. An application for a course delivered online may be submitted as a regular course application or as part of the sponsorship program. All requirements for the aide courses will apply.
5. The plan for timely coordination with the clinical sessions, i.e., assuring that the relevant content is presented before the clinical session relevant to that content.
6. Submit a course schedule and content plan.
7. The plan for assuring that the clinical instructor(s), if different from the class instructor, knows if the material covered online includes timely preparation for the clinical sessions.
8. The plan in the event of an equipment failure.
9. The plan to facilitate student-to-instructor and student-to-student communication.
10. The plan for monitoring student progress throughout the course. The plan for assistance if the participants fail the tests or do not progress adequately.
11. A study suggests that the comprehension rate is lower for information read online than read in hard copy. Will the online text be printable? Or, will hard copy be provided?
12. Information about computer hardware and software requirements. Describe the plan to assure that students get needed assistance in using the system. The students must have access to the phone numbers and email addresses for technical assistance and the instructor. Will there be an orientation about requirements and procedures?

13. What efforts will be made to assure that students have an opportunity to ask questions of the instructor?
14. Participants must be required to sign an affidavit attesting to their identity while online.
15. Document what has been done to guarantee a minimum of the required hours of didactic and clinical. Ask pilot course students to track the time spent on the didactic portion of the course.
16. What access for help is available to the student? Do the students know up front what happens if they miss the online or clinical sessions?
17. A plan for evaluations to include the following to be sent to HOC within ten days following the end date of the class:
 - a. A summary of student evaluations. You may design your own form, including at least the following questions, or use the Student Evaluation Form for Online Training Courses: **Student evaluations are required.**
 - 1) Were you comfortable asking questions of the instructor(s)?
 - 2) Did the instructor answer your questions?
 - 3) Did you learn in the online presentation what you practiced in the clinical session?
 - 4) Were you comfortable with the technology?
 - 5) How much time did it take to complete the internet portion of the course?
 - 6) Did you learn from the course?
 - 7) Would you take another internet course?
 - 8) What changes would you suggest to make the course more effective?
 - b. Evaluations from those involved in instruction to determine what, if any, changes to future course offerings you would make based on this experience and the student evaluations. **Submit all required evaluations.**
18. The CMA continuing education course is to be updated at least yearly.
19. Offer each HHA and CMA continuing education course for no more than a 45-day time period. Rosters, update certification forms and fees will be sent in on the 1st and 15th of the month.

Tell the student that you want the actual number of hours for planning purposes and that the student will not be penalized if it takes less than the required time.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

REQUEST FOR AIDE TRAINING VIA THE INTERNET

The first two courses offered by an approved sponsor through a system of training using the internet will be under **pilot status** and will require this **completed form and documentation requested in the statements below**. HOC will evaluate the test results (for nurse aide and home health aide courses) and the summary of evaluations for each of two pilot courses. Once the pilot courses are deemed successful, based upon a passing rate which is comparable to traditional courses of similar size and generally acceptable evaluations, the sponsor is taken off pilot status and may continue to offer web-based courses following the normal course approval process.

Some home health aide and CMA continuing education courses will not include clinical instruction. Disregard the comments about clinicals for those courses. Please initial your agreement for each attestation statement.

1. The backup instructor to cover in cases of emergency, illness, etc., is _____ Instructor ID # _____
2. _____ **YES** All regular and backup instructors will complete training on the internet technology in advance of the start date of the course.
3. _____ **YES** Locations where the clinical sessions will be held and names of all instructors are included on the course application.
4. _____ **YES** All Instructors know their responsibilities for this course.
4. _____ **YES** An application for a course delivered online may be submitted as a regular course application or as part of the sponsorship program. All requirements for the aide courses will apply.
5. _____ **YES** There is a plan in place for timely coordination with the clinical sessions, i.e., to assure that the relevant content is presented before the clinical session relevant to that content.
6. _____ **YES** The course schedule and content plan is included with the course application.
7. _____ **YES** There is a plan to assure that the clinical instructor(s), if different from the class instructor, knows that the material covered online includes appropriate preparation for the clinical sessions.
8. _____ **YES** A plan has been developed in the event of an equipment failure.
9. _____ **YES** A plan is in place to facilitate student-to-instructor and student-to-student communication.
10. _____ **YES** A plan is in place for monitoring student progress throughout the course and for assistance if the participants fail the tests or do not progress adequately.
11. _____ **YES** A study suggests that the comprehension rate is lower for information read online than read in hard copy. The online text is printable or a hard copy will be provided.

12. _____ **YES** A copy of the course syllabus that will be provided to the students is included with the course application. This syllabus includes information about computer hardware and software requirements and the phone numbers and email addresses for technical assistance and for the instructor.
- _____ **YES** Student orientation about requirements and procedures will be provided, and there is a plan to assure that students get needed assistance in using the system.
13. _____ **YES** Students have opportunities to ask questions of the instructor.
14. _____ **YES** Participants must be required to sign an affidavit attesting to their identity while online.
15. _____ **YES** A plan has been developed to guarantee a minimum of the required hours of didactic and clinical instruction. Ask pilot course students to track the time spent on the didactic portion of the course. Tell the student that you want the actual number of hours for planning purposes and that the student will not be penalized if it takes less than the required time.
16. _____ **YES** Help is readily available to the student. Do the students know up front what happens if they miss the online or clinical sessions?
17. _____ **YES** Evaluations to include the following will be sent to HOC within ten days following the end date of the class:
- a. A summary of student evaluations. You may design your own form, including at least the following questions, or use the Student Evaluation Form for Online Training Courses. **Student evaluations are required.**
- 1) Were you comfortable asking questions of the instructor(s)?
 - 2) Did the instructor answer your questions?
 - 3) Did you learn in the online presentation what you practiced in the related clinical session?
 - 4) Were you comfortable with the technology?
 - 5) How much time did it take to complete the internet portion of the course?
 - 6) Did you learn from the course?
 - 7) Would you take another internet course?
 - 8) What changes would you suggest to make the course more effective?
- b. Evaluations from those involved in instruction to determine what, if any, changes to future course offerings you would make based on this experience and the student evaluations. **Submit all required evaluations.**
18. _____ **YES** The CMA continuing education course is to be updated at least yearly.
19. _____ **YES** Offer each HHA course and CMA continuing education course for no more than a 45-day time period. Rosters, update certification forms and fees will be sent in on the 1st and 15th of the month.
20. _____ **YES** Students will be prescreened and tested at the eighth grade reading level prior to enrollment in a CMA or HHA course. I have verified with the Kansas Board of Regents that the test version used will test reading and comprehension at an eighth grade level.

Signed _____

Title _____

Date _____

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

Student Evaluation Form For Online Training Courses

This form is to be completed by the students for each Online Training Course offered under pilot status. Within 10 days of completion of this course, the sponsor is to submit a summary of these evaluations to Health Occupations Credentialing, 1000 SW Jackson St., Room 200, Topeka, KS 66612-1365.

Circle the appropriate answer with "5" being strongly agree and "1" being strongly disagree.

Disagree	Strongly Agree	Strongly
1) Were you comfortable asking questions of the instructor(s)?	5	4 3 2 1
2) Did the instructor answer your questions?	5	4 3 2 1
3) Did you learn in the online presentation what you practiced in the clinical session?	5	4 3 2 1
4) Were you comfortable with the technology?	5	4 3 2 1
5) Did you learn from the course?	5	4 3 2 1
6) Would you take another internet course?	5	4 3 2 1
7) How much time did it take to complete the internet (online) portion of this course? Please indicate the total number of hours spent online in completing the course.	_____ Hours	
8) What changes would you suggest to make the course more effective?		

Other Comments: _____

**KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
BUREAU OF HEALTH FACILITY REGULATION
HEALTH OCCUPATIONS CREDENTIALING**

Guidelines for Continuing Education via Distance Learning Technologies

1. For subsequent approval of continuing education via distance learning technologies, the licensee shall submit the following:
 - a. Date, time frame and agenda of offering
 - b. Documentation of course content and objectives
 - c. Transcript or grade card for college credit course
 - d. Verification of attendance or completion of the course
2. For prior approval of continuing education via distance learning technologies, the sponsor shall submit the following:
 - a. Date, time frame and agenda of offering
 - b. Documentation of course content and objectives
 - c. Presenter qualifications
 - d. Licensee's name must be on certificate of completion
3. To offer a medication aide update course via distance learning technologies, the sponsor shall submit the following:
 - a. Course approval form at least three weeks prior to the anticipated start date of the course
 - b. Roster, update certification forms and fees subsequent to the delivery of the course

Sample Nurse Aide Test Questions

Directions: This sample test contains questions which are similar to those found on the state nurse aide examination. In taking this sample test, and in taking the state test, it is important to

1. Read each question carefully.
2. Choose the ONE correct answer for the question.
3. Using a #2 pencil, darken the circle of the letter A, B, C, or D, that is the correct answer.
4. Try to answer all the questions, but do not spend too much time on any one question.

Your score will represent the number of questions you answer correctly in the time allowed. Any questions left unanswered will be marked incorrect and will count against your total score.

Sample Questions:

1. The CNA has recently started a new job and wants to show that he/she is competent and efficient. Today's work assignment includes using a lifting device that the CNA has not seen before. Which of the following describes what the CNA should do?
 - a. Ask an experienced CNA or the nurse to help with using the lift.
 - b. Ask the resident to explain how the lift is used.
 - c. Use the lift if it looks like one that the CNA has used before.
 - d. Transfer the resident without using the lift.
2. Mrs. Gold has left-sided weakness following a stroke. Mouth care for this resident is most likely to include:
 - a. Flossing Mrs. Gold's teeth, followed by a mouthwash rinse.
 - b. Suctioning out excess saliva when Mrs. Gold drools.
 - c. Using dental adhesive to hold dentures in place.
 - d. Checking for food debris between her gums and left cheek after meals.
3. The nurse asks the CNA to bring a sphygmomanometer to Mrs. Olson's room. The CNA knows that this device is used to:
 - a. Look into the resident's ears.
 - b. Listen to the resident's heartbeat.
 - c. Check the resident's blood pressure.
 - d. Examine the resident's eyes.
4. Which action by the CNA is most likely to help a resident regain bladder control?
 - a. Administering regular enemas.
 - b. Taking the resident to the toilet after meals.
 - c. Explaining that adult diapers can help protect her clothes.
 - d. Reminding the resident to keep a positive attitude.
5. The musculoskeletal system is often affected by a resident's inactivity. Common changes in the musculoskeletal system include all of the following EXCEPT:
 - a. Muscle cramping and edema.
 - b. Loss of muscle strength.
 - c. Joint contractures.
 - d. Weakened bones from loss of calcium and other minerals.

(Answers on back of page.)

1-a, 2-d, 3-c, 4-b, 5-a

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Test site information

ATCHISON, Northeast Kansas Technical College, 1501 W Riley (913-367-6204)

BELOIT, North Central Kansas Technical College 3033 US 24 HWY (785) 738-9003

BURLINGAME, Allen County Community College 100 Bloomquist (785) 654-2416)

CHANUTE, Neosho County Community College 800 W. 14TH (620-431-2820) ext 280

COFFEYVILLE, Coffeyville Community College, 8th & Beech (620-251-3910)

COLBY, Colby Community College 1255 S. Range (785-462-3904).

CONCORDIA, Cloud County Community College 2221 Campus Dr. (785-243-1435) ext 360

DODGE CITY, Dodge City Community College 2501 N. 14th (620-227-9357)

EL DORADO, Butler County Community College, 901 S Haverhill Rd (316-320-7375)

EMPORIA, Flint Hills Technical College 3301 West 18th (620-341-2300) ext 226

FORT SCOTT, Fort Scott Community College, 2108 S Horton (620-223-2700)

GARDEN CITY, Garden City Community College 801 Campus Dr (620-275-3239)

GREAT BEND, Barton County Community College 245 N E 30th Road, (620-792-9324)

HAYS, North Central Kansas Technical College, 2205 Wheatland Rd. (785-625-2437)

HUTCHINSON, Hutchinson Community College, 1300 N Plum (620-) 665-3512)

INDEPENDENCE, Independence Community College 200 Arco Place (620-332-1420)

IOLA, Allen County Community College 1801 N Cottonwood, (620-365-5116) ext 236

KANSAS CITY, Donnelly College, 608 N 18th, (913-621-8774

KANSAS CITY, Kansas Area Technical School, 2220 N 59th St. (913-627-4100)

KANSAS CITY, Kansas City Kansas Community College 7250 State Ave. (913-334-1100)

LIBERAL, Southwest Kansas Technical School 2215 N. Kansas (620-626-3819)

MANHATTAN, Manhattan Area Technical College, 3136 Dickens Ave (785) 587-2800

MCPHERSON, Through Hutchinson Community College, (620-) 665-3512)

MERRIAM, Johnson County Community College, Kings Cove, 10000 W 75th Street, Ste 241 (913-469-2350)

PARSONS, Labette Community College 1200 Main (620-421-6700)ext 1182

PITTSBURG, Pittsburg State University, 1701 S Broadway (620) 235-4332

PRATT, Pratt Community College Highway 61 (620-672-5641).

SALINA, Salina Area Vo-Tech School 2562 Centennial Rd, (785-309-3105)

TOPEKA, Kaw Area Vo-Tech School 5724 Huntoon, (785-228-6324)

WICHITA, Wichita Area Technical College Schweiter campus 1400 George Washington Dr, (316-667-1950)

WINFIELD, Cowley County Community College, 125 S 2nd (620-441-6581)

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
CLASS ROSTER FORM

Check the appropriate course:

G 90-Hr Nurse Aide

G Bridge Course for Nurse Aide

G 20-Hr Home Health Aide

Instructor Name: _____
Last First MI

Facility: _____
Name Address City State Zip

Instructor Number: _____ Course Number: _____ Course Begins: ____/____/____ Ends: ____/____/____

Should a candidate not pass the course after this form is submitted to the department, you must contact this office in writing to have candidate's name removed from the roster.

Your class will be scheduled at the earliest possible date, subject to availability. Test Date: _____

Test site preference (please check the appropriate site):

<input type="checkbox"/> Atchison	<input type="checkbox"/> Concordia	<input type="checkbox"/> Great Bend	<input type="checkbox"/> Kansas City CC	<input type="checkbox"/> New Strawn	<input type="checkbox"/> Wichita
<input type="checkbox"/> Beloit	<input type="checkbox"/> Dodge City	<input type="checkbox"/> Hays	<input type="checkbox"/> KC/Donnelly	<input type="checkbox"/> Parsons	<input type="checkbox"/> Winfield
<input type="checkbox"/> Burlingame	<input type="checkbox"/> El Dorado	<input type="checkbox"/> Hutchison	<input type="checkbox"/> Liberal	<input type="checkbox"/> Pittsburg	
<input type="checkbox"/> Chanute	<input type="checkbox"/> Emporia	<input type="checkbox"/> Independence	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Pratt	
<input type="checkbox"/> Coffeyville	<input type="checkbox"/> Fort Scott	<input type="checkbox"/> Iola	<input type="checkbox"/> McPherson	<input type="checkbox"/> Salina	
<input type="checkbox"/> Colby	<input type="checkbox"/> Garden City	<input type="checkbox"/> Kansas City ATS	<input type="checkbox"/> Merriam	<input type="checkbox"/> Topeka	

The instructor should complete a separate roster for each course and test site.

INSTRUCTOR USE ONLY		PROCTOR USE ONLY	
NAME Last, First, MI	Social Security Number	Test Booklet #	Test Booklet Returned

Instructor Signature _____ Date _____

Proctor Signature _____ Date _____

Health Occupations Credentialing/KDHE

Curtis State Office Bldg. 1000 SW Jackson, Ste 200

Topeka, KS 66612-1365

Phone number (785) 296-1250

Web site: www.kdheks.gov/hoc

Revised 11/30/06

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

APPLICATION FOR STATE TEST

Check the course you are currently enrolled in. If one of the following is not checked, this form will be rejected and the candidate will not be able to take the test.

☐ 90-Hour Certified Nurse Aide Course

☐ 20-Hour Home Health Aide Course

☐ Bridge Course for Nurse Aide Course

Complete this form, attach the following and return to instructor:

▶ **copy of identification** with current name & social security number (such as driver's license, social security card)

▶ **non-refundable application fee of \$20.00 (check or money order).**

Course Information (The candidate must complete this part with instructions by the instructor.)

Instructor ID # _____ **Course #** _____ **# of course hrs** _____

Candidate Information (incomplete forms will result in test schedule delay)

Name _____
Last First MI

Other Names Used

Social Security Number _____ - _____ - _____

Birth date ____/____/____ **Sex:** **Male** ____ **Female** ____

Address _____
Street City State Zip

Phone Number Home () _____ **Work** () _____

Please mark the highest level of education received:

☐ (N) No high school

☐ (H) High school diploma or GED

☐ (L) Licensed Practical Nurse

☐ (D) Diploma Nurse(RN)

☐ (A) Associate Degree

☐ (B) Bachelor's Degree

☐ (M) Master's Degree

☐ (E) Education Specialist

☐ (P) PhD

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments and to send my test results to my instructor.

Candidate's Signature

Revised 9/28/01

Date

Candidate, please note:

1. You must present two forms of identification, one must be picture identification, to the proctor at the test site.
2. You must be able to provide your social security number on the test for identification..
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
5. Each candidate has a total of three attempts within 12 months from the beginning date of the course to successfully complete the written state test.
6. If the test is not passed within 12 months from the starting date of the initial course, the course must be retaken to be eligible to retake the test.
7. **ALL FEES ARE NONREFUNDABLE**
8. Certificates are issued 3-4 weeks after the test date.
9. Test scores may be requested by writing to the address listed below.

**Health Occupations Credentialing, KDHE
Curtis State Office Bldg. Ste 200
1000 SW Jackson
Topeka, Kansas 66612-1365
(785) 296-1250**

www.kdhe.state.ks.us/hoc

CNAHHA -UPDATED 12/03

**Kansas Department of Health and Environment
NURSE AIDE AND HOME HEALTH AIDE
ACCOMMODATION REQUEST FORM**

Any trainee who has a physical, learning, psychological or other reason for requesting a reasonable accommodation or auxiliary aide to take the state test, may complete and submit this form. You must have performed in a satisfactory manner in both a class/theory and in a lab/clinical setting of the course. The applicant must complete the front of this form and the course instructor must complete the back side of this form.

An accommodation must be requested in advance. The accommodation request form must accompany the application and instructor roster and sent to Health Occupations Credentialing. A copy of the accommodation request must also accompany the roster sent to the test site.

Instructor name: _____ Course number: _____

TRAINEE MUST COMPLETE THE FOLLOWING:

A. TRAINEE INFORMATION

Name: _____

Address: _____

Home Phone #: () _____ Work Phone #: () _____

Social Security Number: _____ - _____ - _____

B. REASON FOR REQUEST (Check all that apply)

- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Visually Impaired
- ☐ Physical Disability (please explain _____)
- ☐ Special Learning Disability (please explain _____)
- ☐ Psychological Disability (please explain _____)
- ☐ Other (please explain _____)

C: REQUESTED ACCOMMODATIONS (Check all that apply)

- ☐ Reader/Oral Test (Nurse Aide Test ONLY) 4 hours maximum
- ☐ Sign Language Interpreter
- ☐ Large Print
- ☐ Extended Time
- ☐ Time and a half ☐ Double Time

D. WAS THE SAME ACCOMMODATION REQUESTED IN TAKING THE NURSE AIDE OR HOME HEALTH AIDE COURSE?

☐ Yes ☐ No If no, why not? _____

I do hereby attest that the information supplied in this application and any attachments are accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments.

Signature of Trainee _____ Date _____

(INSTRUCTOR MUST COMPLETE THE BACK - OVER)

INSTRUCTOR MUST COMPLETE THE FOLLOWING

If you have a trainee who has a physical, learning, psychological, or other reason that you believe requires a reasonable accommodation or auxiliary aide to take the state nurse aide or home health aide test, please complete this page of the form and submit this form to the address below.

A. I have known _____ since _____ in my capacity

as a _____
professional title

B. It is my opinion the candidate should be accommodated by providing the following:

- ☐ Reader/Oral test (NURSE AIDE TEST ONLY)
- ☐ Sign Language Interpreter
- ☐ Large Print
- ☐ Extended Time
 - ☐ Time and a half
 - ☐ Double Time

C. Was the accommodation provided for in the nurse aide or home health aide course?

☐ Yes ☐ No If no, why is it being requested for the state test? _____

I do hereby attest that the information supplied in this application is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. I do hereby request that the Kansas Department of Health and Environment provide the above requested accommodation for the candidate.

Signature of Instructor or other verifying professional

Date


Phone () _____ work

Phone () _____ home

Return to: Health Occupations Credentialing
Kansas Department of Health and Environment
Curtis State Office Bldg, Suite 200
1000 SW Jackson
Topeka, Kansas 66612-1365
(785) 296-1250

8/18/05

IMPORTANT



1 2 3 4 5

- **EXAMPLE** (A) (B) (C) (D) (E)
- **ERASE COMPLETELY TO CHANGE**

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UNIVERSITY OF KANSAS TEST FORM 1

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